# Pre-emptive school relocation plan

Your school’s relocations plan should be developed in consultation with regional emergency management staff and reviewed by your senior education improvement leader (SEIL) prior to approval by your Regional Director.

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| **RELOCATING SCHOOLS DETAILS** | | | |
| **Relocating School/Campus Name:** | **Principal:** | | **Contact Number:** |
| **Relocating School Address:** | | | |
| **Number of enrolled students:** | | **Number planning to relocate:** | |
| **Number of staff:** | | **Number planning to relocate:** | |
| **HOST SCHOOL DETAILS** | | | |
| Where a host school has not been identified, continue to **education continuity details** section | | | |
| **Host School Name:** | **Principal:** | | **Contact Number:** |
| **Host School Address:** | | | |
| **Distance by road from Relocating School to Host School (kms):** | | | |

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| --- | --- | --- |
| **HOST SCHOOL/ CAMPUS** | | |
| The host school has classroom and outdoor space and facilities to accommodate all relocating students and staff, including those with special needs. | | Please describe where students will be accommodated. |
| The following infrastructure support has been negotiated to facilitate successful relocation. | | Relocatable classrooms  Portable toilets  Furnishings – please specify |
| Network access arrangements are in place for staff and student at the host site. | |  |
| The relocating school has been oriented to the host school’s Emergency Management Plan and response requirements for specific emergencies. | |  |
| In an emergency, and where evacuation is not possible, the host school’s shelter-in-place location will accommodate the relocating students and staff. | | Please describe how any issues have been resolved. |
| **EDUCATION CONTINUITY DETAILS** | | |
| Where a host school has not been identified or relocation is not feasible, use this section to outline educational continuity arrangements. |  | |
| **RELOCATING SCHOOL** | | |
| Parents/carers and school council have been consulted about the relocation. | | Please list any concerns raised and describe how these have been resolved. |
| Relocating school staff have been consulted about the relocation. | |  |
| Staff/student ratios able to be met. | | Yes/No |
| Number of children requiring Outside School Hours Care. | |  |
| Outside School Hours Care requirements have been considered.  Describe what alternative arrangements will be in place. | |  |
| Outline how it will be confirmed that no students arrive on site on the closure day | |  |
| **STUDENT TRANSPORT** | | |
| Indicative number of students to be transported to and from host school by parents.  Indicative number of students to be transported to and from host school by bus. | |  |
| For bus transport the following arrangements have been negotiated:   * Name of bus provider/company contracted to provide service * Contact number * Pick up points and times * Drop off points and times, including contingency arrangements for adverse weather conditions * Cost if outside of scheduled routes | | Attach map of bus route |
| Describe contingency transport arrangements if bus arrangements fail on the day. | |  |
| **COMMUNICATIONS** | | |
| Outline communication arrangements | |  |
| Other users of the site (such as sporting and community groups) have been advised of the relocation and alternative arrangements made as required. | |  |
| Support services (including mobile library, SSS, school nurses, volunteers, canteen staff and crossing supervisor) have been notified of the relocation approval and will be informed in advance of each relocation. | |  |
| **OTHER CONSIDERATIONS** | | |
| For example:  Financial implications  If there are financial implications, please itemise these costs. | |  |
| Other: | |  |

**These arrangements are agreed upon by the undersigned:**

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(Signature of the Principal of Relocating School) (print name) (date)

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(Signature of the Principal of Host School) (print name) (date)

**Approved by**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of the Regional Director) (print name) (date)