

2018

PRIMARY SCHOOL PRIVACY NOTICE

Please Read This Notice Before Completing The Enrolment Form.

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Maramba Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Maramba Primary school and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

Health information is asked for so that staff at Maramba Primary School can properly care for your child. This includes information about any medical condition or disability your child may have medication your child may rely on while at school, any known allergies and contact details of your child's doctor. Maramba Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Emergency Contacts:

These are people that Maramba Primary School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Maramba Primary School.

Student Background Information:

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Maramba Primary School receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

Updating Your Child's Records:

Please let Maramba Primary School know if any information needs to be changed by sending updated information to the school office. During your child's time with Maramba Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

Forms Required Upon Enrolment

Original Birth Certificate: This is required for satisfactory evidence for the child's name and date of birth, a copy will be taken and held in the child's file.

School Entry Immunisation Certificate: It is a legal requirement to provide a school entry immunisation certificate on enrolment to primary school in Victoria. School entry immunisation certificates can be obtained from The Australian Childhood Immunisation Register, Phone number 1800 653 809.

Visa Status: If your child was not born in Australia we require a Certificate of Citizenship or Visa showing residency, this will be photocopied and held on the child's file.

Court Orders: Maramba Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans must be made available to Maramba Primary School for us to enforce. Please inform us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Mr Darren Wallace, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

If you have any concerns about the confidentiality of this information please contact the Principal, who can provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.

Parental Occupation Group Codes

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

GROUP A Senior management in large business organisation, government administration and defence, and qualified professionals

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator

Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)

Defence Forces Commissioned Officer

Professionals - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
- *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- *Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

GROUP B Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)

Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)

Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
- *Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- *Defence Forces* senior Non-Commissioned Officer

GROUP C Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

Clerks (bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

Skilled office, sales and service staff:

- *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
- *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP D Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production / processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants and other assistants:

- *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- *Sales* (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- *Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

- *Defence Forces* - ranks below senior NCO not included above
- *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- *Other worker* (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

STUDENT ENROLMENT INFORMATION 2018

Victorian Student Number:	Computer Generated Student ID:								
	Computer Generated Family ID:								

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss Ms Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy) _____ / _____ / _____

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or Box details			
Suburb:			
Postcode			
Telephone Number			
Mobile Number:			

OFFICE USE ONLY

Birth Date proof & Name proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year Level	Home Group	House			
Immunisation Certificate Status?: (tick)		<input type="checkbox"/> Sighted		<input type="checkbox"/> Not sighted	
Is there a Medical Alert for the student: (tick)		<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Does the student have a Disability ID Number: (tick)		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:	
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) For prep students only		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	

FAMILY DETAILS

List any other immediate family members only attending this school: (e.g. brother, sister)

❖ This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

Primary Family Details: NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with" - Alternative and Additional family forms are available from the school if this is required. As the School Start Bonus will be sent to the 'Primary Carer' of Foundation and Year 7 students, it is imperative that the legal surname, legal first name and legal second name are recorded.

ADULT A DETAILS (PRIMARY CARER):

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult A's occupation?		
Who is Adult A's employer?		
In which country was Adult A born?		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):	
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult A:		
Is an interpreter required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below		
❖ What is the level of the <i>highest</i> qualification the Adult A has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

ADULT B DETAILS:

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult B's occupation?		
Who is Adult B's employer?		
In which country was Adult B born?		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):	
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult B:		
Is an interpreter required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)		
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below		
❖ What is the level of the <i>highest</i> qualification the Adult B has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

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Main language spoken at home:				
Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both	<input type="checkbox"/> Neither

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		

PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street			
Suburb:			
State:		Postcode:	
Email Address:		Fax Number:	

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name		Individual or Group Practice: (tick)	<input type="checkbox"/> Individual	<input type="checkbox"/> Group
Name of Clinic:				
No. & Street or Box No.:				
Suburb:				
State:		Postcode:		
Telephone Number				
Current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medicare Number:	

PRIMARY FAMILY EMERGENCY CONTACTS: (NOT PARENTS)

	Name	Relationship to child (Neighbour, Relative, Friend , Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				
3				
4				

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent		
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent		

The student lives with the Primary Family: (tick one)			
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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NOTE: Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the CSEF (Camps Sport Excursion Fund) Allowance. Information on eligibility and application forms are available from the school office.

DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?			
<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify): _____	
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy)		____ / ____ / ____	
What is the Residential Status of the student: (tick)		<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
Basis of Australian Residency:			
<input type="checkbox"/> Eligible for Australian Passport		<input type="checkbox"/> Holds Australian Passport	
<input type="checkbox"/> Holds Permanent Residency Visa			
Visa Sub Class:		Visa Expiry Date: (dd-mm-yyyy)	____ / ____ / ____
Visa Statistical Code: (Required for some sub-classes)			
International Student ID (Not required for exchange students)			
❖ Does the student speak a language other than English at home? (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)			
<input type="checkbox"/> No, English only		<input type="checkbox"/> Yes (please specify): _____	
Does the student speak English? (tick)			<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)			
<input type="checkbox"/> No		<input type="checkbox"/> Yes, Aboriginal	
<input type="checkbox"/> Yes, Torres Strait Islander		<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander	
What is the student's living arrangements? (tick one):			
<input type="checkbox"/> At home with TWO Parents/ Guardians		<input type="checkbox"/> State Arranged Out of Home Care # (See Note)	
<input type="checkbox"/> At home with ONE Parent/ Guardian			

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

Usual mode of transport to school: (tick)			
<input type="checkbox"/> Walking	<input type="checkbox"/> Driven	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus
Distance to School in kilometres:			
Student's Religion:			
Will the student participate in Religious Instruction classes? (tick)			<input type="checkbox"/> Yes <input type="checkbox"/> No

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

SCHOOL DETAILS

Date of first enrolment in an Australian School:		____ / ____ / ____			
Name of most recent School or Kinder:					
Years of previous education:		What was the language of the student's previous education?			
Years of interruption to education:		Is the student repeating a year? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will the student be attending this school full time? (tick)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If No , what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)					
Other School Name:		Time fraction:	0.	Enrolled:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other School Name:		Time fraction:	0.	Enrolled:	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)
Access Type: (tick)	<input type="checkbox"/> Court Order <input type="checkbox"/> Family Law Order <input type="checkbox"/> Restraining Order <input type="checkbox"/> Other	
Describe any Access Restriction:		
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, then describe the Activity Restriction:		

OFFICE USE ONLY

Current custody document placed on student file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information. (<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>).

Enrolment conditions
<ul style="list-style-type: none"> • • •

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> No

ASTHMA:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

Please indicate if the student suffers from any of the following symptoms: (tick)		If my child displays any of these symptoms please: (tick)	
<input type="checkbox"/> Cough		Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing		Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze		Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion		Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tight Chest		If yes, please specify:	
Has an Asthma Management Plan been provided to School?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take medication? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick)	<input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Other		
Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER MEDICAL CONDITIONS

(More copies of the other medical condition forms are available on request from the school.)

Does the student have any other medical condition? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:			
Symptoms:			
If my child displays any of the symptoms above please: (tick)			
Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Medical Action	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes, please specify:	
Does the student take medication? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	

STUDENT DOCTOR DETAILS

The following details should **ONLY** be provided if **THIS** student has a Doctor and/or Medicare number different to the Primary Family.

Doctor's Name:			
Individual or Group Practice: (tick)	<input type="checkbox"/> Individual	<input type="checkbox"/> Group	
No. & Street or Box No.:			
Suburb:			
State:		Postcode:	
Telephone Number			
Student Medicare Number:			

STUDENT EMERGENCY CONTACTS

This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

	Name	Relationship (Neighbour, Relative, Friend or Other)	Language Spoken (If English Write "E")	Telephone Contact
1				
2				

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.

We certify that the information contained within this form is correct.

Signature of Adult A: _____ Date: ____ / ____ / ____

Signature of Adult B: _____ Date: ____ / ____ / ____



PLEASE TICK BOXES TO INDICATE YOUR PERMISSION AND SIGN AT BOTTOM OF PAGE.

PARENT CONSENT FORM 2018

Name of Child: Room No.:

LOCAL EXCURSION

I give do not give permission for the above named child to take part in any local excursions that are within walking distance of the school. These trips involve no transport and no expense.

INDEMNITY FORM

I authorize the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

FOOD STUDIES

Does your child like and is he/she able to eat everything? Yes No Please list foods causing allergies or illness:

.....
.....

I give do not give permission for the above named child to take part in cooking activities within the grade and to taste foods not detrimental to his/her health. Activities are supervised and with parent support.

PUBLICITY PERMISSION

I give permission for my child's work photograph name voice
(Tick boxes if you give permission)

to be used in any publications or broadcasts related to school activities. E.g. School webpage, school cds/dvds eg camps and school activities, newsletter, local radio, local newspapers, Department of Education publications.

HEAD LICE INSPECTIONS

The management of head lice infection works best when all children are involved in our screening program. The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

The inspection of students hair will be conducted by a trained person approved by the principal and school council. Before any inspection is conducted the person conducting the inspection will explain to the student what is being done and why. It will be emphasised that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have them, you can do something about it.

The person conducting the inspection will check through the hair to see if any lice or eggs are present. Person's authorised by the school principal may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child's head during a visual check. In cases where head lice are found, the school will make appropriate contact with the parents/guardians/carers.

Please note that health regulations require that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an 'action taken form', which requires parents/guardians/carers to nominate if and when the treatment has started.

I give do not give permission for the above named child to participate in the school's head lice inspection program.

Please notify the school in writing if you wish to change any of the information above.

Name of Parent / Guardian:

Signature of Parent / Guardian: Date: ...