

Student Information/Parent Consent Form

PERMISSIONS

STUDENT NAME: _____

SCRIPTURE

In every government school, time is to be allowed for the religious education of children of any religious persuasion. This information is used to plan for Special Religious Education (SRE) at individual schools. SRE is taught by approved SRE providers.

It is Non Denominational (general Christian) Scripture.

Special Education in Ethics (SEE) is an alternative activity offered at some primary schools for students who do not participate in SRE. Information on Ethics classes will be sent home to parents if the program is available this year.

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YES, I give permission for my child to attend scripture

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I DO NOT wish my child to participate in scripture

Please note: If this question is left unanswered, your child will be included in scripture until withdrawn in writing to the school.

LOCAL WALKING EXCURSIONS - Sport carnivals, local walking excursions etc.

Students periodically utilise community resources and places of interest in their learning programs and lunchtimes. Students walk to and from the community areas (sporting fields/parks/halls etc) and are fully supervised by teachers. All walking excursions are in school hours and require no cost to students.

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YES, I give permission

☐

I DO NOT give permission

CHILD PROTECTION EDUCATION

Child protection education is about assisting students to develop skills in: • recognising and responding to unsafe situations; • establishing and maintaining non-coercive relationships; • seeking assistance effectively. It is important that students learn about: • what constitutes abuse, so that they can recognise potentially abusive or unsafe situations; • power in relationships and the skills of building relationships that are caring and positive; • ways they can take appropriate action if they are in uncomfortable or unsafe situations. Students also engage in lessons which name body parts. Curriculum materials are available upon request.

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YES, I give permission

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I DO NOT give permission

SUNSCREEN

Use of 30+ sunscreen that is available at Thornton Public School.

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YES, I give permission

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I DO NOT give permission

I have read the above activities and understand that these permissions remain throughout the year.

PARENT/CARER SIGNATURE _____ DATE _____

NAME OF PARENT/CARER (Please Print) _____

Additional Support - Tick Yes or No

If you answer yes, please complete additional information section

<i>Has your child been referred for:</i>	<i>YES</i>	<i>NO</i>
Speech Assessment		
Occupational Therapy Assessment		
Paediatrician Assessment		
Psychologist Assessment		
Hearing Assessment		
Vision Assessment		
Does your child have any health aids? (hearing/vision aids)		
Does your child wear glasses?		
If yes, wears glasses all the time?		

Any additional information you think will be helpful to your child’s teacher:

MEDICATIONS

Does your child have any ongoing prescribed medication at home or school? Yes / No

If yes, please provide details (Name, dose, time etc):

TRANSPORT TO AND FROM SCHOOL/AFTER SCHOOL CARE Please briefly describe how your child travels to and from school this year and/or any special after school care arrangements (eg Bus, Before/After School care etc.)

PARENT NOT LIVING AT THE FAMILY HOME/OTHER PARENTING ARRANGEMENTS (shared custody)

Name _____

Address _____

Telephone: _____ Mobile _____

Email: _____

Relationship to Student _____

Care arrangements _____

Is this child subject to court orders or parenting plans? Yes / No

Copies of all current court orders/ parenting plans **must** be provided to the principal.

Does the above parent/carer require copies of student reports Yes / No