

# KATHERINE SOUTH PRESCHOOL ENROLMENT PACK



Child's name: \_\_\_\_\_

Preferred option (please select one)

5 Full days per fortnight 8:15am to 2:30pm

5 Half days per week 8:15am to 11:15am

(Please note - there will be no bus run provided)

Child care centre:

Little Mangoes	<input type="checkbox"/>
Little Joeys	<input type="checkbox"/>
Katherine East	<input type="checkbox"/>
Kentish	<input type="checkbox"/>
Na-wulgwulg	<input type="checkbox"/>
Little Geckoes	<input type="checkbox"/>
Clyde Fenton	<input type="checkbox"/>

I give consent for Katherine South Primary School to negotiate with my child's centre to finalise placement:

Yes  No

Parent/carer signature \_\_\_\_\_

Date \_\_\_\_\_



<b>Office use only</b>	
Student UPN: (please use Student Master Index)	
Year:	
Form:	
Anticipated start date:	
Enrolment status:	Full-time      Part-time      FTE:

# Student Enrolment Form

## Information and Privacy

The Department of Education is committed to providing Northern Territory students with quality education services. The department needs to ask for personal information from students, parents and guardians so it can plan, provide and report on its services, and to monitor compliance under the *Education Act*. Personal information will only be disclosed for these purposes as permitted by the *Information Act*.

The *Privacy Statement* attached is for your information. Please take the time to read this as it outlines in greater detail the use and disclosure of the information that you provide.

**If you need help completing this form, including translation services, please contact your school.**

School name:		
Has the student ever attended an NT school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What was the last school the student attended?	School name:	
	State/Territory:	Country: (if not Australia)
	Year/grade/level attained:	Date of leaving: / /
Is this student residing in the NT due to a Defence Force posting?	Yes	No
Proof of identity attached (e.g. birth certificate, passport)	Yes	No

<b>Section 1    Student Details</b>		
Surname:		
Legal surname on birth certificate: (if different from above)		
Previous surname: (if applicable)		
1st name: (given name)		
2nd name: (middle name)		
3rd name: (if applicable)		
Preferred first name:		
Has the student been known by any other names? (if not listed above)	Other surname/s:	Other first name/s:

Date of birth:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Tribal grouping/clan name: (if applicable)	
Skin name: (if applicable)	
Student's residential address:	
Suburb/town/community:	Postcode:
Student's postal address: (if different from above)	
Suburb/town/community:	Postcode:

<b>Senior secondary students only</b>	
Student's contact details:	Phone:
	Mobile:
	Email:
Student's car registration number: (if applicable)	
Is the student independent? (i.e. living without a parent/guardian)	<input type="checkbox"/> Yes (If yes, all correspondence will be sent to the student). <input type="checkbox"/> No (If no, all correspondence will be sent to the parent/guardian).

<b>Section 2 Additional Student Information</b>	
Is the student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
Does the student speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify: <hr/>
Is the student an Australian citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what is the visa subclass number: (e.g. 457, 676) If you have any questions about the visa subclass, contact the department's International Services Branch on 8901 4905.	<hr/> <input type="checkbox"/> Copy of visa attached?
If born overseas, on what date did the student arrive in Australia?	/ /
In which country was the student born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify: <hr/>

### Section 3 Special Family Circumstances

Special family circumstances include a single parent, dual custody, foster care, court orders, access restrictions etc. Please provide details of the circumstances.

Are supporting legal documents attached?  Yes  No

### Section 4 Parent/Guardian Information

If you are an independent student (living without a parent or guardian) please go straight to Section 7

	Parent/guardian 1	Parent/guardian 2
Title: (Mr/Ms/Mrs/Miss)		
Surname:		
First name:		
Middle name:		
Relationship to student: (e.g. father, grandmother)		
Responsible for parenting*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive reports etc*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact this person in an emergency?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No (If all the No boxes above are ticked, please ensure Section 3 is completed.)
Home phone:		
Other phone:		
Mobile:		
Email:		
Residential address:		
Suburb/town/community:		
Postcode:		
Postal address: (if different from above)		
Suburb/town/community:		
Postcode:		

\*Tick all boxes that apply

## Section 5 Parent/Guardian Background Information

The information requested in this section is collected for national reporting purposes. All parents across Australia are being asked to provide this optional information. It will be used to assist school education authorities in ensuring funding and teaching resources are appropriately allocated to Territory schools as part of the *National Education Agreement*.

Does the parent/guardian speak a language other than English at home?  
If more than one language, indicate the one that is spoken most often.

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify

What is the **highest** year of primary or secondary school the parent/guardian has completed?  
For persons who have never attended school, mark Year 9 or equivalent or below.

Parent/guardian 1	Parent/guardian 2
<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	<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 **highest** qualification the parent/guardian has completed?

Parent/guardian 1	Parent/guardian 2
<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	<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 the parent/guardian?  
Please select the appropriate parental occupation group below (for more details refer to Appendix 2).  
If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> <b>Group 1</b> Senior management in large business organisation, government administration, and qualified professionals  <input type="checkbox"/> <b>Group 2</b> Other business managers, arts/media/ sportspersons, and associate professionals  <input type="checkbox"/> <b>Group 3</b> Tradesmen/women, clerks and skilled office, sales and service staff  <input type="checkbox"/> <b>Group 4</b> Machine operators, hospitality staff, assistants, labourers and related workers  <input type="checkbox"/> <b>Other</b> Not in paid work in the last 12 months	<input type="checkbox"/> <b>Group 1</b> Senior management in large business organisation, government administration, and qualified professionals  <input type="checkbox"/> <b>Group 2</b> Other business managers, arts/media/ sportspersons, and associate professionals  <input type="checkbox"/> <b>Group 3</b> Tradesmen/women, clerks and skilled office, sales and service staff  <input type="checkbox"/> <b>Group 4</b> Machine operators, hospitality staff, assistants, labourers and related workers  <input type="checkbox"/> <b>Other</b> Not in paid work in the last 12 months

## Section 6 Sibling Information

Does the student have any brothers or sisters at this school?

Yes  No If yes, provide details below

Sibling's given names	Surname	Date of birth
		/ /
		/ /
		/ /
		/ /

## Section 7 Additional Emergency Contacts

For an emergency where the parent/guardian/carer cannot be contacted, please provide alternative contacts. For independent students this is the 1st point of contact in an emergency.

	Contact 1	Contact 2
Title: (Mr/Ms/Mrs/Miss)		
Name:		
Relationship: (e.g. aunt, friend)		
Phone 1:		
Phone 2:		

## Section 8 Medical Details and Consent

Does your child suffer from any of the following?  
(Tick all the boxes that apply)

- Allergies                       Asthma                       Diabetes  
 Seizure disorder (e.g. epilepsy)     Hearing impairment     Physical disability  
 Speech impairment                       Visual impairment     Intellectual/learning impairment (e.g. dyslexia)  
 Acquired brain impairment             Mental health or behaviour issue (e.g. depression, ADHD)  
 Other, please specify: \_\_\_\_\_

If you have ticked any of the boxes above please provide further information. Also provide details if the student has any special needs or requires support in school (including details of previous special needs assessments undertaken by a school etc).

**NOTE: School staff will administer first aid, seek medical assistance or call an ambulance for the student being enrolled if they judge this to be necessary.**

Medication required. Please supply details of any treatments, care or medication required.  
(contact school for relevant forms)

Relevant medical consent forms completed and attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No, not required
Immunisation certificate/record provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent to the sharing of health information between schools and Department of Health and Families (DHF) as stated in the privacy statement (for more details see Appendix 1). Health information may be shared with DHF, which offers student health services including nursing, dental, audiology and general health advice. DHF provides feedback to the schools after health checks (e.g. vision or hearing results.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent to a school health surveillance check when my child is in Transition and/or Year 1 (if applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent to my primary school child having a dental examination (if applicable).  Parents/guardians will be notified of the result and asked to give consent for any treatment or referrals. No treatment will be carried out without a current signed consent. Parents/guardians are encouraged to accompany their child to appointments.  More information available on website <a href="http://www.health.nt.gov.au/oral_health">www.health.nt.gov.au/oral_health</a> NB: Eligibility for public oral health services is restricted to defined client groups and excludes some visa subclass numbers. Information regarding eligibility can be found at <a href="http://www.health.nt.gov.au/Oral_Health/Child_and_Adolescent_Services/index.aspx">www.health.nt.gov.au/Oral_Health/Child_and_Adolescent_Services/index.aspx</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 9 Additional Consents

### Consent for publication of a student's Photo and Work

DoE may record sound and/or vision of a student and their work while they are at school or taking part in school related activities or performances. Photographs of students involved in activities, and work by students, are often published to enable the students to share their experiences and to enable parents and others to be informed about the school or college's work. This does not mean that the student loses ownership of the works.

Please provide consent for the following:

	Use of Student Photograph	Use of Work by Student	Publishing Student First Name	Publishing Student Surname
School/College Newsletter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
School/College Yearbook	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
School/College/Department Website	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Consent for all other media usage should be sought as and when required.



<p><b>Consent for library use</b>  I give consent to authorised access of the student's contact details and library borrowings by LINNet (Libraries in the Northern Territory) and associated libraries.</p> <p>School libraries use the contact details to provide library borrowing services to students, and may share this information with LINNet and associated libraries. Only authorised library personnel will have access to this information. Please note failure to provide the information in full or part may result in limiting or preventing the student from borrowing from the school library.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Consent for attending religious instruction</b>  I give consent for the student to attend religious instruction. Name of religious instruction you wish the student to attend:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**It is your responsibility to notify the school in writing of any changes to the information provided on this enrolment form.**

Name of parent/guardian/independent student enrolling the student and providing consents:

\_\_\_\_\_

(Please print)

Relationship to student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:   /   /

Name of school witness: \_\_\_\_\_

(Please print)

Signature: \_\_\_\_\_ Date:   /   /

# APPENDIX 1 Privacy Statement

For more information regarding the Department of Education (DoE) obligations in relation to protecting your privacy, visit <http://www.education.nt.gov.au/about-us/foi> or contact a DoE Information Officer on (08) 8901 4907. We need enrolment details for the following purposes:

## Student Details

- This information is required to discuss matters regarding the student's education, for contact in an emergency or for other educational purposes. These other educational purposes may include:
  - the determination of the number of school aged children in a region, allowing DoE to plan resourcing for schools;
  - to assist in the provision of transport to and from schools;
  - to determine whether all school-aged children are enrolled in an educational facility as required by the *NT Education Act*;
  - any requirements under relevant laws of either the Northern Territory or Australian Government; and
  - students' names and demographic information may be verified against health records.

## Student and Parent Background Information

- Some of this information is a standard requirement on all enrolment forms Australia wide as part of the National Education Agreement. The information you provide will assist school education authorities in ensuring funding and teaching resources are appropriately allocated to Territory schools. Some of this information will be forwarded to the Australian Government as required under the appropriate legislation.

## Additional Emergency Contacts

- This is required in the event that the school is unable to contact parents/guardians. Please ensure that the people named have agreed to their details being provided to the school.

## Special Family Circumstances

- Additional information about parents/guardians. This is needed so that we are aware of family arrangements e.g. foster care, dual custody, access restrictions. Please provide any relevant Court Orders including access restrictions and parenting plans, and inform the school as soon as possible about any changes to your family arrangements.
- Contact your school principal if you would like to discuss, in strict confidence, any matters relating to these arrangements.

## Medical Details and Consents

- Health information is required so that our staff can properly care for your child. Please ensure this is up-to-date, as incomplete or inaccurate health information may put your child's health at risk.
- Contact information may be shared with staff of the Department of Health and Families (DHF) should nurses, dentists, audiology staff and health workers need to contact parents/ guardians. The school may need to disclose personal and sensitive information to medical practitioners, and people providing services to the school, including specialist visiting teachers and counsellors.
- We require details of student medical conditions and/or disabilities, and medication they may need while at school. If possible, please provide medication to the school in an authorised pharmacy packet.
- Please inform the school if your child develops a medical condition that may require regular or emergency treatment by school staff.
- Medical information will be shared with school staff on a "need to know" basis. Relevant sections of your child's medical records may be held at the school in suitable locations to ensure that appropriate action is taken in emergencies.
- Health information may also be shared with DHF, which offers student health services including nursing, dental, audiology and general health advice. DHF provides feedback to the schools after health checks (e.g. vision or hearing results) to ensure the student is properly cared for at school.
- DHF may provide medical information back to the school to assist in planning appropriate health interventions and to assist in classroom curriculum activities.

Please contact the school if you require further information or clarification regarding the DoE Medications Policy.

## Access to Your Child's Record Held by the School

In most circumstances you are able to access your child's records. Please contact the Principal to do so. If you have any concerns about the privacy of this information please contact the Principal.

# APPENDIX 2

## List of Parent or Guardian Occupation Groups

### Group 1

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

**Senior executives/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 a 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 2

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 3

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 clerk/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 desk, admissions clerk]

**Skills office, sales and service staff**

**Office** [secretary, personal assistant, desktop publishing operator, switchboard]

**Sales** [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

**Service** [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

### Group 4

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, kitchenhand, porter, housekeeper]

**Office assistants, sales assistants and other assistants.**

**Office staff** [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]

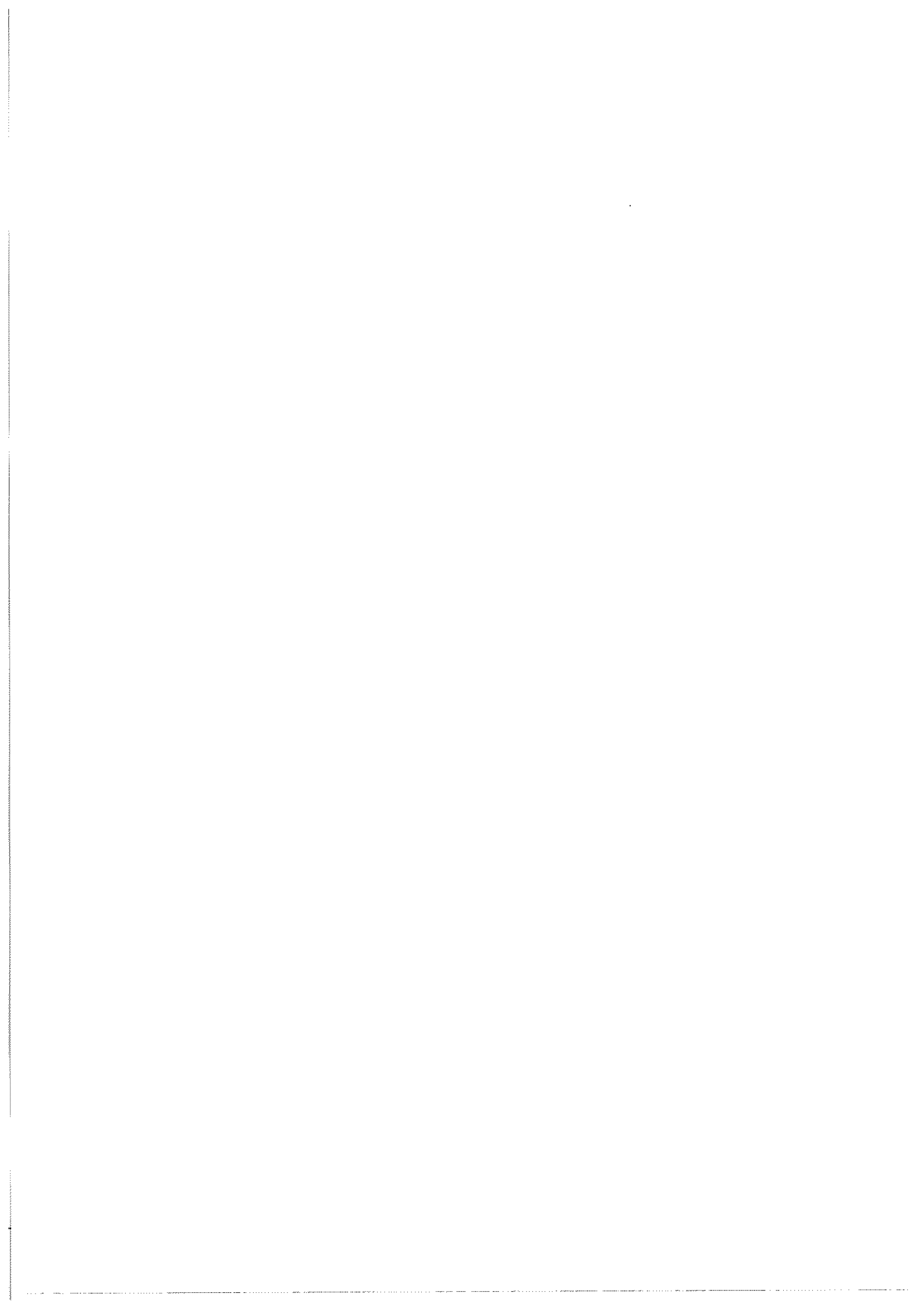
**Assistant/aide** [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

**Labourers and related workers**

**Defence Forces** ranks below senior NCO are 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]



*Under the Education and Care Services (National Uniform Legislation) Act and Education and Care Services National Regulations preschool records must include other prescribed information and authorisations in addition to the information currently collected on the standard student enrolment form.*

## Authorisations

I authorise the following individual/s to collect my child from the preschool (other than parent/guardian 1 or parent/guardian 2).

Relationship	Relationship
Name in Full	Name in Full
Gender	Gender
Phone: Mobile	Phone: Mobile
Work	Work
Home	Home
Address	Address

Please tick this box if no other person besides the parent or guardian is authorised to collect my child.

I authorise the following individual/s to consent to medical treatment of, or administration of medication to, my child if parent or guardian cannot be contacted.

Contact Priority	Contact Priority
Relationship	Relationship
Name in Full	Name in Full
Gender	Gender
Phone: Mobile	Phone: Mobile
Work	Work
Home	Home
Address	Address

I authorise the Department of Education, Principal or preschool educator to seek:

- a. medical treatment for my child from a registered medical practitioner, hospital or ambulance in an event that such action seems necessary; and
- b. transportation of my child by an ambulance in an event that such action seems necessary.

I authorise the educators at the preschool to take my child on planned regular outings which have been communicated to me in advance and are a regular part of the educational program. A separate authorisation will be sought from parents and guardians for one-off type excursions.

Signed: Signature of Parent/Guardian

Name in Full

Date

# Student medical details and health conditions

*It is essential that you inform the preschool before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the preschool as soon as you are aware of any newly diagnosed allergies / other medical conditions or changes to an existing condition. This will assist the preschool to support the health, safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. This is important information for your child's safe participation at the preschool.*

Student's Medicare Number

Doctor's Name / Medical Centre

Doctor's address (e.g. 50 Woods St, Darwin, NT, 0800)

Doctor's phone number (work)

*Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child for any allergy or other medical condition you may list when completing you child's medical details and health conditions. Attach an additional page if required.*

Allergy/Medical Condition	Doctor's Name	Address	Telephone
---------------------------	---------------	---------	-----------

*If your child has a documented plan to support any health or medical needs from a previous preschool or child care provider please provide a copy to the preschool as an attachment to this form.*

## Allergies – these can include allergies to insect stings, drugs, latex, food (eg nuts, eggs, peanuts) or other

*If your child has an allergy, please specify in the box below. Please answer the 10 questions that follow (where applicable). If there is insufficient space, please attach additional pages clearly marked: STUDENT MEDICAL DETAILS AND HEALTH CONDITIONS*

Allergy to

1. Has a doctor diagnosed this allergy?      Yes      No
2. Is this a severe allergy (anaphylaxis)?      Yes      No
3. Has your child ever been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy?      Yes      No
4. Does your child have an action plan for Anaphylaxis?      Yes      No
5. If YES is this plan attached?      Yes      No
6. Has your child been prescribed an adrenaline auto injector (Epipen / Anapen)?      Yes      No

*If your child has been prescribed an adrenaline auto injector, you will need to provide one to the school (and renew prior to expiry date)*

7. What is the date of the adrenaline auto injector that will be provided to the school?      /

*If not known at the time of enrolment the preschool will require this information upon commencement.*

8. Does your child have an Action Plan for allergic reactions?      Yes      No
9. If YES – is this plan attached?      Yes      No

*Each time your child is prescribed a new adrenaline auto injector the doctor should issue an updated Action Plan for Anaphylaxis. It is important that a copy of any updated plan is provided to the preschool.*

10. Please list any other medication prescribed for this allergy.

*The preschool will require further details in relation to prescribed medication on commencement.*

*Parents of children who require their child to be administered prescribed medication at preschool must complete a written request form (available from the preschool).*

## Other medical conditions – asthma, diabetes, epilepsy, severe asthma

*Please identify and provide details below of any other medical condition for which your child is being treated. (If more than one condition or insufficient space please attach additional pages and include answers to all 6 questions that follow).*

Medical condition

- |   |     |    |
|---|-----|----|
| 1. Has a doctor diagnosed this condition?                         | Yes | No |
| 2. Has your child been hospitalised with this condition?          | Yes | No |
| 3. Does your child have a documented action plan?                 | Yes | No |
| 4. If YES is this plan attached?                                  | Yes | No |
| 5. Is your child taking prescribed medication for this condition? | Yes | No |
| 6. If YES – what is the prescribed medication?                    |     |    |

*The preschool will require further details in relation to prescribed medication on commencement.*

*Parents of children who require their child to be administered prescribed medication at preschool must complete a written request form (available from the preschool).*

## Cultural background

What is the child's cultural background?

What is the cultural background of the child's parents?

Does the preschool need to be aware of any cultural, religious or dietary requirements?      Yes      No

If YES, please provide details



## Consent Form Schedule

***Name of Northern Territory Department of Education Activity:***

All general coverage (media or otherwise) associated with school-related activities or performances.

***Any works which may be recorded/copied:***

Any of the works done by the student as part of a school activity.

***Vision/sound to be recorded:***

Any vision, photographs, interviews or audio associated with the general media and/or educational activities.

***Date or dates of activity/performance:***

As decided from time to time by the school.

***Location(s) of activity/performance:***

As advised by the school before the event.

***Name of person to whom I shall report:***

As advised by the school before the event.

***Comments:***



# Student Consent Form – Media & Intellectual Property

This document gives the Northern Territory of Australia (NT) and its Department of Education and Children's Services (DOE) permission to use works created by students in the course of their studies for purposes associated with the promotion of DOE or the Northern Territory and in educational resources created or published by DOE or the Northern Territory. This does not mean that you, the student, lose ownership rights over your works—simply that DOE has permission to use your works for the purposes mentioned.

It also gives permission for NT and DOE (and media organisations, but only with DOE permission) to use audio and visual recordings of students in publications, communications and media generally.

**Name of Student:** .....

**Name of Parent/Guardian:** .....

**Address:** .....

1. During the course of my studies with DOE I may produce works that create intellectual property rights, for example, copyright. These works may form part of my academic assessment or my studies generally.
2. These works might include my written work (e.g. stories and poems), paintings, pictures, drawings, designs, photographs, videos, films, music, performance, computer programs, web sites, sculptures, fashion or costume, metal or wood works or any other works I create.
3. DOE may record sound and/or vision of me and my works whilst I am at school or taking part in school-related activities or performances.
4. DOE understands that I own the intellectual property rights in my works and that this Consent Form is not meant to transfer my ownership.
5. I give permission to NT and DOE (and media organisations, but only with DOE permission) to use my works, my sound/vision, and/or my name in publications, communications and media generally.
6. I understand that should I choose to withdraw my permission, I can only do so by notifying DOE in writing, and understand that my withdrawal of permission is not retrospective.
7. DOE understands that I may choose to give permission to other people to also use my works.
8. I understand that by giving this permission, DOE can use my works, my sound and/or my vision in any way it chooses, for the purposes described above. It may be reproduced in any form, in whole or in part, and distributed by any medium including but not limited to Intranet, Internet, CD, DVD, social media, or other multimedia uses.
9. DOE may disclose my works, my sound/vision, and/or my name or permit other people to use and reproduce these on similar terms to this consent. I understand that DOE may not always name me in recordings, images or copies of my work and consent to any uses that might otherwise breach my moral rights (eg the right to be named as the creator of my work).
10. I understand that I will not be paid by DOE for giving this permission or for the use of my works, sound or vision.
11. Wherever possible, the Northern Territory of Australia will remain sensitive to and understanding of cultural, family and personal sensitivities.

Are you of Indigenous or Torres Strait Islander descent?  Yes  No

Any special consideration for use of the visual/audio recording(s):

.....  
.....

12. As the parent/guardian signing this consent form I understand that if I or other members of my family are participants at school events involving my child, that sound or vision of me or other members of my family may also be used by the NT and DOE in publications, communications and media generally.

.....  
**Signature of student:**

.....  
**Signature of parent/guardian:**

.....  
**Signature of Witness:**

.....  
**Signature of Witness:**

.....  
**Name of Witness:**

.....  
**Name of Witness:**

**Date:** ..... / ..... / .....

**Date:** ..... / ..... / .....

Collected on behalf of the Northern Territory of Australia by:

**Name:** \_\_\_\_\_  
[Teachers name]

**Signature:** \_\_\_\_\_

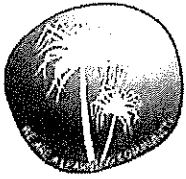
The Northern Territory of Australia is collecting the information in this form to obtain permission to use visual and audio recordings in Northern Territory of Australia publications, communications and media generally. Visual and/or audio recordings, or personal information included in this form may be supplied to contractors or service providers engaged by the Northern Territory of Australia to develop or produce publications, communications and media generally. Visual and/or audio recordings or personal information included in this form may also be provided to media organisations for DOE promotional and news purposes. You are entitled at any time to access and amend the information provided by you on this form. Withdrawal of permission is not retrospective.

**Northern Territory Government, GPO Box 4396, Darwin NT 0801, Australia**

For more information please contact:

**Agency Name:** \_\_\_\_\_  
[School name]

**Telephone No:** \_\_\_\_\_  
[School phone number]



**KATHERINE SOUTH**  
PRIMARY SCHOOL

Riverbank Drive  
PO Box 721  
KATHERINE NT 0851

Telephone: (08) 8972 1277  
Facsimile: (08) 8972 1857

## Local Media Release Form

I grant permission for my child to be included in any media activities to promote Katherine South Primary School in the local papers such as the Katherine Times and the Northern Territory News, this does also include Facebook. This may be in the form of photos/articles (either in a group or individually) and may include children's names.

Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Acceptable Use Agreement for Early Years Students

The following agreement covers the student's use of Internet, intranet, portal, student profiles, network and email.

\_\_\_\_\_ School provides all students enrolled at the school with Information Communication and Technology (ICT) facilities for educational use.

As your child is considered too young to fully understand this type of agreement, therefore you are asked to read through the document carefully, and to sign it if you grant approval for your child to make use of the available facilities.

Students may use these facilities for class work, research and communication. The resources provided include computers and peripherals, access to network resources, e-mail, the NT DoE Educational Portal and the Internet. Care must be taken to ensure the resources are protected from harm and that no users are exposed to materials considered offensive or illegal. In order to have access to the school's ICT resources, parents / guardians and students must agree to abide by the school's Acceptable Use Agreement.

1. Only software purchased or approved by the school, and installed by the school, can be used on school equipment.
2. Software copyright is to be observed at all times. It is illegal to copy or distribute school software. Illegal software from other sources is not to be copied to or installed on the school equipment.
3. Students must respect intellectual property and adhere to copyright, software piracy and fair dealing laws associated with learning technologies.
4. Students must follow the rules posted for the use and care of the computer equipment at all times.
5. Students using the ICT facilities may only do so under the supervision of school staff. Any students not following staff instructions may have further access restricted or denied.
6. Privacy and network security is to be observed. Students must not under any circumstances access personal files belonging to others, software or areas of the network which are not designated for their use.
7. The sharing of passwords is a security risk. Students must not give their password to other students or log in with another users name under any circumstances.
8. All users must log off when leaving a computer.
9. There should be no disruption to class activities by unauthorised broadcast messages across the school network.
10. Virus protection is very important. If students use portable drives or discs to transfer work between the school network computers and computers outside the network, disks must be scanned for viruses prior to use on the school network. Virus checking software will be made available on the school computers for this purpose.
11. Printing of materials of a personal nature or unassociated with school activities are not permitted unless approval is sought from a school staff member. This may incur a charge.
12. The use of ICT facilities, specifically the Internet, is for educational, communication and research purposes only:

- Deliberate attempts to look for or download and use material that is illegal or which would be thought of as offensive is not permitted. Only materials required for school activities as directed by teachers may be downloaded. If students should unknowingly navigate to a web site that contains material that may be considered offensive, they must clear the screen immediately and notify the teacher.
- Inappropriate language or harassing others when communicating online is not permitted.
- Privacy and ownership of others' work and materials from web sites must be respected at all times.
- The use of on-line chat facilities and instant messaging must only be carried out under the supervision of a staff member and must only be as part of educational on-line activities. Safe Internet practises must be applied.
- Personal details of students may only be provided online if permission is given by a teacher.

*Note: Deliberate misuse of computer equipment and software or deliberate breaches of the conditions of this agreement may result in access restrictions to ICT facilities by the student (s) involved and result in discipline by school administration.*

---

## **By signing this agreement and using the equipment and resources of**

## **School, the parent acknowledges the conditions under which their child will use the ICT facilities.**

### **Parent**

I understand the conditions under which ICT facilities are made available and agree to those conditions. I further understand that additional explanations have been provided to my child, copies of which can be obtained from the school upon request.

I understand that my child may be accessing the Internet for educational purposes or in accordance with this Agreement.

I understand that any use of facilities contrary to this Agreement, or generally, will be treated as a breach of school discipline and shall be dealt with accordingly.

The school reserves the right to vary the terms of this Agreement to accommodate unforeseen circumstances relating to the use of facilities by students. Variations shall be in writing signed by the school Principal, and shall be distributed to students and shall take effect accordingly.

Please Print (Parent / Guardian) Name:

---

Student Name:

---

Address:

---

Signature: \_\_\_\_\_

Agreement signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

