

Name of School: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



Government of South Australia  
Department for Education

## SCHOOL ENROLMENT FORM

### INFORMATION PRIVACY STATEMENT

The Department for Education is committed to respecting the confidentiality of information provided about children / students and parents, which includes information requested on enrolment forms.

This form has been designed to ensure compliance with the *Education Regulations 2012* and to enable the department to:

- undertake administration and care responsibilities including maintaining emergency contact information
- communicate with you about matters in relation to your child, your child's school and the education system
- provide first aid and plan for child / student health support requirements
- provide information required for school resource entitlements
- collect statistical and qualitative information to better understand student performance and undertake activities to improve the education system
- meet reporting requirements, including to other government authorities
- provide information to contractors engaged to assist in the completion of the Australian Early Development Census survey by teachers for Reception students ([www.aedc.gov.au](http://www.aedc.gov.au)).

If organisations are contracted on behalf of the department to undertake tasks which require access to enrolment data, the contract(s) between the department and those organisations will include strict confidentiality and disposal provisions.

Questions marked \* on this school enrolment form are included to collect information required under the *Australian Education Regulations 2013*. Although some items on the enrolment form are not mandatory to complete under the national regulations, provision of this information will be beneficial to your child's school for planning and resourcing decisions.

The information provided in enrolment forms is stored securely in local school and department databases. Information from your enrolment form may be transferred electronically from one school to another as your child moves schools or locations between levels of education. Any such transferred information will be updated by information provided on the current enrolment form. Some student information will also be securely transferred to the NAPLAN Online Platform to enable online NAPLAN testing. While your child is enrolled in a departmental site other information will be gathered relating to your child's education and wellbeing; for example records of learning progress (including NAPLAN testing), absences from school, behaviour, health and social development reports, observations and assessments.

The management of these data is governed by Australian, State and department policies and relevant legislation (including the *Australian Education Act 2013* (Cth), *Education Act 1972* (SA), and *State Records Act 1997* (SA)) to ensure that the information is used only for the purposes stated above and is secure, private and confidential.

The disclosure of personal information held by the South Australian government is regulated by the *Information Privacy Principles* (see [www.dpc.sa.gov.au/documents/rendition/B17711](http://www.dpc.sa.gov.au/documents/rendition/B17711)). Unless authorised or required to do so by a law of the State or Commonwealth, or as permitted by the Information Privacy Principles or in accordance with the ISG (see below), the department will not otherwise disclose the information to others without your consent.

### INFORMATION SHARING STATEMENT

There will be occasions where sharing information with others outside the department will be important to your child's educational progress, safety or wellbeing. It might also be necessary to share information to manage a risk of serious harm to others. In these circumstances the department follows the SA Government's *Information Sharing: Guidelines for Promoting Safety and Wellbeing (ISG)* [www.ombudsman.sa.gov.au](http://www.ombudsman.sa.gov.au). Under the ISG your consent for the sharing of personal information about you or your child will be sought and respected in all situations unless:

- disclosure is authorised or required by law; or
- it is unsafe / impossible to gain consent or consent has been refused; and
- without information being shared, a person or persons will be at increased risk of serious harm.

In order to provide an appropriate education program your school may share information relating to your child's personal needs with specialist department staff, including Student Support Services. This will enable the school to make any necessary teaching and learning adjustments for your child. The school may also use the information you provide when applying for specialist resources or services and/or funding to support your child's education. Prior to any formal referral for additional support your consent will be sought.

The aim of information sharing under the ISG is to protect and promote the safety and wellbeing of children, young people and their families. This site works with parents / caregivers and other agencies / services to achieve that aim. Parents / caregivers are strongly encouraged to share all information relevant to their child's capacity to enjoy and benefit from education:

- by using the 'any other information' section of this form; and/or
- by discussing with staff at the time of enrolment; and/or
- by discussing with staff at any time in the future.

The school has explained the above Information Privacy Statement and Information Sharing Statement.

Parent / Guardian Signature

Refer to the occupation groups listed below when completing the questions on page 3.

<p><b>Group 4</b> Other Occupations</p>	<p><b>Group 3</b> Trades and advanced / intermediate clerical, sales and service staff</p>	<p><b>Group 2</b> Other business managers, Arts / Media / Sportspersons and associate Professionals</p>	<p><b>Group 1</b> Senior management in large business organisation, government administration and defence, and qualified professionals</p>
<p><b>Drivers</b> Mobile plant, Production / Processing, Machinery, Other machinery Operators.</p> <p><b>Hospitality staff</b> Hotel service supervisor, Receptionist, Waiter, Bar attendant, Kitchen hand, Porter, Housekeeper.</p> <p><b>Office assistants</b> Typist, Word processing, Data entry, Business Machine Operator, Receptionist, Office assistant.</p> <p><b>Sales assistants</b> 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.</p> <p><b>Assistant / aide</b> Trade's assistant, School / Teacher's aide, Dental assistant, Veterinary nurse, Nursing assistant, Museum / gallery attendant, Usher, Home helper, Salon assistant, Animal attendant.</p> <p><b>Labourers and related workers</b></p> <p><b>Defence Forces</b> Other ranks below senior NCO not included above.</p> <p><b>Agriculture, horticulture, forestry, fishing, mining worker</b> Farm overseer, Shearer, Wool / hide classer, Farm hand, Horse trainer, Nurseryman, Greenkeeper, Gardener, Tree surgeon, Forestry / logging worker, Miner, Seafarer / fishing hand.</p> <p><b>Other worker</b> Labourer, Factory hand, Storeman, Guard, cleaner, Caretaker, Laundry worker, Trolley collector, Car park Attendant, Crossing Supervisor.</p>	<p><b>Tradesmen / women</b> Generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen / women are included in this group.</p> <p><b>Clerks</b> 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.</p> <p><b>Skilled Office Staff</b> Secretary, Personal assistant, Desktop publishing operator, Switchboard operator.</p> <p><b>Skilled Sales Staff</b> Company sales representative, Auctioneer, Insurance agent / Assessor / Loss adjuster, Market researcher.</p> <p><b>Skilled Service Staff</b> 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.</p>	<p><b>Owner / manager</b> Farm, Construction, Import / Export, Wholesale, Manufacturing, Transport, Real estate business.</p> <p><b>Specialist manager</b> Finance, Engineering, Production, Personnel, Industrial relations, Sales / marketing.</p> <p><b>Financial services manager</b> Bank branch manager, Finance / investment / insurance, Broker, Credit / loans officer.</p> <p><b>Retail sales / services manager</b> Shop petrol station, Restaurant club, Hotel / Motel, Cinema, Theatre agency.</p> <p><b>Arts / media / sports</b> Musician, Actor, Dancer, Painter, Potter, Sculptor, Journalist, Author, Media presenter, photographer, Designer, Illustrator, Proof reader, sportsman / woman, Coach / trainer, Sports official.</p> <p><b>Associate professionals</b> Generally have diploma / Technical qualifications, Support managers and professionals.</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> Technician / Associate professional.</p> <p><b>Business / administration</b> Recruitment / Employment / Industrial relations / Training officer. Marketing / Advertising specialist, Market research analyst, Technical sales representative, Retail buyer, Office / project manager.</p> <p><b>Defence Forces</b> Senior Non-Commissioned officer.</p>	<p><b>Senior executive / manager / department head in industry, commerce, media or other large organisation.</b></p> <p><b>Public service manager</b> (Section head or above), Regional Director, Health / Education / Police / Fire services, Administrator.</p> <p><b>Other administrator</b> School Principal, Faculty head / Dean, Library / Museum / Gallery director, Research facility director.</p> <p><b>Defence Forces</b> Commissioned Officer.</p> <p><b>Professionals</b> Generally have degree or higher qualifications and experience in applying this knowledge to:</p> <ul style="list-style-type: none"> <li>• Design, develop or operate complex systems;</li> <li>• Identify, treat and advise on problems;</li> <li>• And teach others.</li> </ul> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing.</b> Professional.</p> <p><b>Business</b> Management consultant, Business analyst, Accountant, Auditor, Policy analyst, Actuary, Valuer.</p> <p><b>Air / sea transport</b> Aircraft / ship's Captain / Officer / Pilot, Flight officer, Flying instructor, Air traffic controller.</p>
<p><b>Parent's education, qualification and occupation</b></p> <p>The questions about each parent / guardian's education, qualifications and employment group are asked on all school enrolment forms.</p> <p>In South Australia this information is used in determining each school's <i>Index of Educational Disadvantage</i> (IED), which is linked to funding levels and may be used to allocate resources to school services. In the future this information may be used to determine resource allocations to schools.</p> <p><b>If you are an independent student (living without a parent or guardian) please go straight to Page 4 - Student Personal Details.</b></p>			

### Parent 1 or Legal Guardian 1

(Birth or Adoptive parent)

Mr / Mrs / Ms / Other:

Family Name:

Given Names:

Sex:

Male  Female

Relationship to student:

Employment status:

Occupation:

☛ What is the occupation group of parent 1 / guardian 1?  
Please select the appropriate parental occupation group from the list on page 2.

- 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 the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter 8 above.

Work Location:

Work Phone Number:

P/G1 Mobile Phone:

P/G1 Email:

☛ What is the highest year of primary or secondary school the parent 1 / guardian 1 has completed? (For persons who never attended school, select 'Year 9 or equivalent or below'.)

- Year 12 or equivalent  4  
Year 11 or equivalent  3  
Year 10 or equivalent  2  
Year 9 or equivalent, or below  1

☛ What is the level of the highest qualification the parent 1 / guardian 1 has completed?

- Bachelor degree or above  7  
Advanced diploma / Diploma  6  
Certificate I to IV (including trade certificate)  5  
No non-school qualification  8

In which country was the parent 1 / guardian 1 born?

If not born in Australia, what was the date the parent 1 / guardian 1 arrived in Australia?

☛ Does the parent 1 / guardian 1 speak a language other than English at home?  No, English only  Yes

If **yes**, what is the main language the parent 1 / guardian 1 speaks at home?

Does this Parent or Guardian require an interpreter?  No  Yes

Language for Translation:

What is the cultural background of Parent 1 / Guardian 1?

### Parent 2 or Legal Guardian 2

(Birth or Adoptive parent)

Mr / Mrs / Ms / Other:

Family Name:

Given Names:

Sex:

Male  Female

Relationship to student:

Employment status:

Occupation:

☛ What is the occupation group of parent 2 / guardian 2?  
Please select the appropriate parental occupation group from the list on page 2.

- 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 the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter 8 above.

Work Location:

Work Phone Number:

P/G2 Mobile Phone:

P/G2 Email:

☛ What is the highest year of primary or secondary school the parent 2 / guardian 2 has completed? (For persons who never attended school, select 'Year 9 or equivalent or below'.)

- Year 12 or equivalent  4  
Year 11 or equivalent  3  
Year 10 or equivalent  2  
Year 9 or equivalent, or below  1

☛ What is the level of the highest qualification the parent 2 / guardian 2 has completed?

- Bachelor degree or above  7  
Advanced diploma / Diploma  6  
Certificate I to IV (including trade certificate)  5  
No non-school qualification  8

In which country was the parent 2 / guardian 2 born?

If not born in Australia, what was the date the parent 2 / guardian 2 arrived in Australia?

☛ Does the parent 2 / guardian 2 speak a language other than English at home?  No, English only  Yes

If **yes**, what is the main language the parent 2 / guardian 2 speaks at home?

Does this Parent or Guardian require an interpreter?  No  Yes

Language for Translation:

What is the cultural background of Parent 2 / guardian 2?

## Student Personal Details (Please provide proof of Birth)

Family Name:

Given Names:

Preferred Name:

Date of Birth:  /  /  Sex:  Male  Female

Has this student been approved for School Card Assistance at their previous school?  No  Yes

Is the student of Australian Aboriginal or Torres Strait Islander origin?  No  
 (For persons of both Australian Aboriginal or Torres Strait Islander origin, tick both 'Yes' boxes.)  
 Yes, Australian Aboriginal  
 Yes, Torres Strait Islander

In which country was the student born?  Australia  Other – please specify below

**For a student born overseas with a date of arrival in Australia on or after 1/1/2006, a "visa sub-class" must be entered. Refer to visa grant letter or visa entitlement verification online (VEVO) for visa details and conditions. Some temporary residents are required to pay fees and must have a letter of offer / confirmation from International Education Services.**

If other, on what date did the student arrive in Australia?  /  /

Residence status of student:  Australian Citizen / Permanent Resident  
 Temporary Resident  
 Tourist Visa Length of intended enrolment (months):

Visa Sub-Class:  Visa grant date:  /  /

Passport Number:

What is the student's cultural background?

Religion (optional):

Does the school need to be aware of any cultural and/or religious requirements? Please advise:

Does the student speak a language other than English at home?  No, English only  Yes

Main language:  Other language/s:

Does the student attend an after-hours Ethnic school?  No  Yes

If Yes, which school?  Which language is studied?

Is the student in care and subject to a custody or guardianship order under the *Children and Young People (Safety) Act 2017 (SA)*?  
 No  Yes

If Yes, has the "Admission process for enrolling or transferring a child or young person in care" process been followed? For further details schools should refer to the admission procedure. These forms will provide the necessary information for data input.  
 No  Yes

Does this student receive Youth Allowance?  No  Yes

Does this student receive ABSTUDY?  No  Yes

**School Use Only**

Has proof of Birth been provided?  
 No  Yes

Has proof of Residence Documentation been provided?  
 No  Yes

School No:

ED ID:

Student ID:

School Year Level:

Census Year Level:

Roll Class:

FTE:

Campus:

House:

Enrolment Date:

Permanent Resident:

Origin:

Visa Sub-Class:

NESB:

EALD:  Yes  No

IELP / NAP Transfer:  Yes  No

## Family Contact Details

Family Phone Number:

Family Mobile Phone:

Family Email Address:

## Student Address Details (Please provide proof of Residence)

### Mailing Address (Of Parent / Guardian with whom student lives the majority of school week)

Name to be used for all correspondence:

*eg Mr and Mrs Black, Ms B Green*

Address Line 1:

Address Line 2:

Suburb / Locality:

Postcode:

Country (if not Australia):

Student Mobile Number:

Hundred (if applicable):

Section:

UHF:

MHz

Student's Email Address:

### Residential Address (if different from above Mailing Address)

Name to be used for all correspondence:

*eg Mr and Mrs Black, Ms B Green*

Address Line 1:

Address Line 2:

Suburb / Locality:

Postcode:

Country (if not Australia):

Hundred (if applicable):

Section:

UHF:

MHz

If you have other addresses which need to be documented (B – Billing, H – Holiday, S – SACE Mail, T – Term), please note in any other information / comments on page 8.

**Emergency Contacts if Parent or Guardian cannot be contacted or unable to collect student.**  
 Note: Includes permission to provide overnight care.

**Priority 1**

Name:  Home Phone:   
 Relationship:  Mobile Phone:   
 Work Phone:  Ext:

**Priority 2**

Name:  Home Phone:   
 Relationship:  Mobile Phone:   
 Work Phone:  Ext:

**Priority 3**

Name:  Home Phone:   
 Relationship:  Mobile Phone:   
 Work Phone:  Ext:

**Priority 4**

Name:  Home Phone:   
 Relationship:  Mobile Phone:   
 Work Phone:  Ext:

**Transport to School**

Usual mode of transport:  Bus Pass No:   
 School Bus Route AM1:  Stop:  Time:  :   
 School Bus Route AM2:  Stop:  Time:  :   
 School Bus Route PM1:  Stop:  Time:  :   
 School Bus Route PM2:  Stop:  Time:  :   
 Conveyance Allowance:  (Approval Number) Allowance Expiry Date:  :  :   
 Vehicle Reg. No:  Driver if other student:

**Medical Conditions**

Does your child have a diagnosed medical condition?  No  Yes

If **Yes**, please tick the relevant conditions:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Gastrostomy                          | <input type="checkbox"/> Oncology                   |
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Hearing Impaired / Ear health issues | <input type="checkbox"/> Oral Eating and Drinking   |
| <input type="checkbox"/> Cerebral Palsy        | <input type="checkbox"/> Heart Condition                      | <input type="checkbox"/> Seizures and Epilepsy      |
| <input type="checkbox"/> Contenance            | <input type="checkbox"/> Joint Conditions                     | <input type="checkbox"/> Severe Allergy Anaphylaxis |
| <input type="checkbox"/> Cystic Fibrosis       | <input type="checkbox"/> Medication                           | <input type="checkbox"/> Transfer and Positioning   |
| <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Mild Allergy                         | <input type="checkbox"/> Visually Impaired          |

If other, please specify:

Does your child require additional health support or first aid?  
 (e.g. support with medication management, continence care, psychological issues)  No  Yes

If **Yes**, the school will need a health care plan from the treating doctor / health professional.  
 Is plan attached?  No  Yes

## Court Orders

Are there any current Court-sanctioned orders relating to this student?  
If **Yes**, a copy of the order must be provided for the school's records.

No       Yes

On what date was the Full Court order issued?

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Details:

## Other Parent / Guardian / Carer

Resides at the same address as the student?     Yes     No                       Reports     Access     Correspondence

Mr / Mrs / Ms / Other

Sex:     Male     Female

Family Name:

Given Names:

Phone Number:

Relationship to student:

Mobile Number:

Mailing Title:

Address Line 1:

Address Line 2:

Address Line 3:

Suburb / Locality:

Postcode:

Country (if not Australia):

Email Address:

## Siblings

Full Name	Sex	Date of Birth	Attends this School?
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input style="width: 33%;" type="text"/> / <input style="width: 33%;" type="text"/> / <input style="width: 33%;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input style="width: 33%;" type="text"/> / <input style="width: 33%;" type="text"/> / <input style="width: 33%;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input style="width: 33%;" type="text"/> / <input style="width: 33%;" type="text"/> / <input style="width: 33%;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input style="width: 33%;" type="text"/> / <input style="width: 33%;" type="text"/> / <input style="width: 33%;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input style="width: 33%;" type="text"/> / <input style="width: 33%;" type="text"/> / <input style="width: 33%;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes

### Other Preschools and Schools Attended

Has your child previously attended a Department for Education preschool / school?

No  Yes

If Yes, please specify the last Department for Education preschool / school attended:

List the two most recent preschools / schools attended. If unsure of the dates, please estimate.

Preschool / School Name	From	To
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

### Any other information / comments

### Parent / Guardian Signatures

By signing this form you certify that all information given is true and accurate.

Signature of Parent 1 /  
Legal Guardian 1:

Date:

  

Signature of Parent 2 /  
Legal Guardian 2:

Date:

  

Enrolment Interviewer:

Data Entry Person:



# Medical information

for education, childcare and community support services

## CONFIDENTIAL

To be completed by the DOCTOR and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT for a child/student/client who requires individual health and personal care support. Some condition-specific forms are also available.  
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client \_\_\_\_\_ Date of birth \_\_\_\_\_  
Family name (please print) First name (please print)

MedicAlert Number (if relevant) \_\_\_\_\_ Date for next review \_\_\_\_\_

### Description of the condition

Observable signs and symptoms \_\_\_\_\_

Frequency and severity \_\_\_\_\_

Triggers (if applicable) \_\_\_\_\_

Possible impact on activities (eg physical activity, camps, excursions, kitchen, laboratory or workshop activities, interrupted attendance)

### First Aid

If a child/student/client becomes ill or is injured, supervising staff will administer first aid and call an ambulance if necessary.

If you anticipate this child/student/client will require anything other than a standard first aid response, please provide detailed written recommendations so special arrangements can be negotiated.

### Additional information attached to this care plan

- Medication authority (if supervision of medication is recommended while in education or child/care)
- Individual first aid plan (if different to standard first aid—see model over page)
- General information about this person's condition
- Other (please specify) \_\_\_\_\_

#### This plan has been developed for the following services/settings:

- |  |  |
|--|--|
| <input type="checkbox"/> School/education      | <input type="checkbox"/> Outings/camps/holidays/aquatics |
| <input type="checkbox"/> Child/care            | <input type="checkbox"/> Work                            |
| <input type="checkbox"/> Respite/accommodation | <input type="checkbox"/> Home                            |
| <input type="checkbox"/> Transport             | <input type="checkbox"/> Other (please specify)          |

#### AUTHORISATION AND RELEASE

Health professional \_\_\_\_\_ Professional role \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have read, understood and agreed with this plan and any attachments indicated above.  
I approve the release of this information to supervising staff and emergency medical personnel.**

Parent/guardian or adult student/client \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Family name (please print) First name (please print)

# Individual first aid plan

for education, child/care and community support services

## CONFIDENTIAL

To be completed by the HEALTH PROFESSIONAL and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT for a child/student/client who requires individual first aid assistance.  
Standard first aid plans (for a range of conditions) can be found on <http://www.decd.sa.gov.au/speced2/pages/health/chessPathways/>  
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client \_\_\_\_\_ Date of birth \_\_\_\_\_  
Family name (please print) First name (please print)

MedicAlert Number (if relevant) \_\_\_\_\_ Date for next review \_\_\_\_\_

The child/student/client has a medical condition described as \_\_\_\_\_  
And will require the following first aid response when these symptoms/reactions are observed.

Observable sign/reaction	First aid response
<div style="border: 1px solid black; padding: 5px; min-height: 40px;">_____</div>	_____ _____
▽	▽
<div style="border: 1px solid black; padding: 5px; min-height: 40px;">_____</div>	_____ _____
▽	▽
<div style="border: 1px solid black; padding: 5px; min-height: 40px;">_____</div>	_____ _____
▽	▽
<div style="border: 1px solid black; padding: 5px; min-height: 40px;">_____</div>	_____ _____

### This plan has been developed for the following services/settings: \*

- |  |  |
|--|--|
| <input type="checkbox"/> School/education      | <input type="checkbox"/> Outings/camps/holidays/aquatics |
| <input type="checkbox"/> Child/care            | <input type="checkbox"/> Work                            |
| <input type="checkbox"/> Respite/accommodation | <input type="checkbox"/> Home                            |
| <input type="checkbox"/> Transport             | <input type="checkbox"/> Other (please specify) _____    |

### AUTHORISATION AND RELEASE

Health professional \_\_\_\_\_ Professional role \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***I have read, understood and agreed with this plan and any attachments indicated above.  
I approve the release of this information to supervising staff and emergency medical personnel.***

Parent/guardian or adult student/client \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Family name (please print) First name (please print)



# Woomera Area School

Dewrang Avenue (PO Box 193) Woomera 5720  
Phone: (08) 8673 7287 Fax: (08) 8673 7005  
Email: [dl.0746\\_admin@schools.sa.edu.au](mailto:dl.0746_admin@schools.sa.edu.au)  
[www.woomera.sa.edu.au](http://www.woomera.sa.edu.au)



## General Consents for School

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_  
Parent/Caregiver Name: \_\_\_\_\_

Schools often need to seek parental permission to cover a wide range of activities and situations. We hope that by placing most of the potential situations on two sheets will save time and paper. Please read, sign, date and return to the office. Thank you.

### Permission to Act in the Event of a Medical Emergency

In the event of a Medical Emergency, I hereby give permission for the school to take the appropriate action (including calling an ambulance if necessary).

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

### Permission to Participate in Local Excursions

I consent to my child taking part in local excursions during the school year for educational purposes, when no costs are incurred. Parents will be notified in advance of the local excursion where possible.

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

### Permission to Inspect for Head Lice

The South Australian Health Commission recommends that everyone check their hair every week for headlice. Checking and treating children's hair is BY LAW A PARENT'S RESPONSIBILITY.

- I do not give permission for a school staff member to check my child's hair for eggs and headlice. I understand that by not giving permission to check my child's hair, I will do this myself.
- I give permission for a school staff member to check my child's hair for eggs and headlice.

I understand that any such check will be conducted sensitively. I understand that my child can be excluded from school if staff believe he/she may have headlice. I understand it is my responsibility to arrange collection of my child from the school when notified. I understand that I may have to provide a letter from a general practitioner to say my child is free of headlice and/or commenced treatment for headlice.

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

## Consent Form – Child/Student

### Permission to use image, video, voice, and/or creative work of students and children

The Department for Education and Child Development (DECD) develops teaching, learning and promotional materials and publishes them in print and digitally (eg on websites and social media accounts). Students also publish their own materials on websites (eg school website, DECD website, Scootle™, iTunes™ or other online environments).

By completing and returning this form, I grant permission for DECD to create/use:

- photographs, video or audio recordings of my child
- samples of my child's work
- my child's first name and DECD school/preschool/service name

and to distribute them in the following locations:

- printed publications (eg newsletters, year book, promotional material)
- secure intranet websites and publicly accessible websites, including social media accounts.

The permission will continue until I revoke permission in writing to the principal of the school, director of the preschool or manager of the service.

Any material placed on publically accessible websites under a CC-BY-NC licence will be available to download and use. This licence is perpetual (forever), free, worldwide, non-exclusive and allows for the replication, distribution, display, performance and remixing of copyrighted work for non-commercial purposes, provided that the author is credited.

#### Notes

- Items might not appear in exactly the form in which they have been submitted and not every item for which permission is granted will be used.
- Items which contain images/references to Aboriginal and Torres Strait Islander people may be accompanied by warning text to indicate that the work may include people who have passed away.
- Where permission is revoked, every effort will be made to remove relevant media from distribution, however this may not be possible or practical in some situations.

#### Signatures

##### Additional optional permissions (tick if yes)

- I also grant permission for my child to be photographed/recorded by external media organisations for publication/broadcast.

Name of child/student: \_\_\_\_\_  
(Full name - please print)

Name of school/service: \_\_\_\_\_

Parent/guardian's signatures: \_\_\_\_\_  
(Parent/guardian to sign) (Parent/guardian to sign)

Full name of parent(s)/guardian(s): \_\_\_\_\_  
(please print) (please print)

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

Please provide signatures of both parents and/or guardians where possible.

*This form must be filed in a central location at the school*

## Consent Form – Adult

### Permission to use image, video, voice, and/or creative work of adults

The Department for Education and Child Development (DECD) develops teaching, learning and promotional materials and publishes them in print and digitally (eg on websites and social media accounts). These are often published on websites (eg school website, DECD website, Scootle™, iTunes™ or other online environments).

By completing and returning this form, I grant permission for DECD to create/use:

- photographs, video or audio recordings of me
- samples of my work
- a written comment made by me

and to distribute them in the following locations:

- printed publications (eg newsletters, year book, promotional material)
- secure intranet websites and publicly accessible websites, including social media accounts.

The permission will continue until I revoke permission in writing to the principal of the school, director of the preschool or manager of the service.

Any material placed on publically accessible websites under a CC-BY-NC licence will be available to download and use. This licence is perpetual (forever), free, worldwide, non-exclusive and allows for the replication, distribution, display, performance and remixing of copyrighted work for non-commercial purposes, provided that the author is credited.

#### Notes

- Items might not appear in exactly the form in which they have been submitted and not every item for which permission is granted will be used.
- Items which contain images/references to Aboriginal and Torres Strait Islander people may be accompanied by warning text to indicate that the work may include people who have passed away.
- Where permission is revoked, every effort will be made to remove relevant media from distribution, however this may not be possible or practical in some situations.

#### Signature

#### Additional optional permissions (tick if yes)

- I also grant permission to be photographed/recorded by external media organisations for publication/broadcast.

Full name: \_\_\_\_\_  
(please print)

Name of school/service: \_\_\_\_\_

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

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*This form must be filed in a central location at the school*

## Woomera Community Library Registration

Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last/Family Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Caregiver/Guardian Name: \_\_\_\_\_

Relationship to Child (under 18years old): \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### If temporarily in Woomera, please fill in these details

Usual Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Usual Postal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

I understand that the Woomera Community Library is a part of the South Australia State Library Service, and I agree to abide by the regulations of the library. I understand that the Library is cared for managed by Woomera Area School.

I agree to the terms of borrowings items from the Woomera Community Library.

I undertake to pay all fines incurred, items lost or damaged.

I will inform the library staff of any change of contact details (name, address or phone numbers)

Sign: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(If under the age of 18 a parent/caregiver/guardian needs to sign)