

# NEWLANDS PRIMARY SCHOOL

## 2017 Student Information Booklet

*First Name* \_\_\_\_\_

*Family Name* \_\_\_\_\_

Please fill in the forms in this booklet and the out of hours' school care document in this package and return them to school by Friday 3<sup>rd</sup> February

P.O. Box 778 Newlands Estate  
Elizabeth Street  
Coburg, Victoria, 3058.  
Telephone: 9354 2928 Facsimile: 93503212  
Email: [newlands.ps@edumail.vic.gov.au](mailto:newlands.ps@edumail.vic.gov.au)

This booklet contains a number of forms that require you to provide information and a signature more than once. The reason for this is each part of the booklet contains a stand alone document and therefore needs to be read, completed and signed.

**Please read each form in conjunction with the Privacy Information Notice provided at the beginning of Booklet A.**

**Part A**

**Local Excursion Notice 2017**

- Teachers from time to time take their class for local walks in the neighbourhood as part of their classroom curriculum. By completing this form you are providing permission for your child to attend any local type excursion that may happen during the year.

**Part B**

**Asthma & Anaphylaxis Management Plan 2017**

- The purpose of this form is to make appropriate arrangements for a child who may need special medical type treatment.

**Part C**

**Copy Right Permission 2017**

- This allows the school to use photographs & intellectual property of the student at the school or to be published in news letters etc.

**Part D**

**Head Lice Check permission 2017**

- The purpose of this permission form is to allow the school to conduct a head lice check of all students. This permission form is for 2013 only.

**Out of Hours School Care**

- Please complete this form. Even if you choose to use the program on a regular basis or not. This will enable your child to attend the program, if there is an emergency which means that your child cannot be picked up.

**Check List**

- The checklist is to assist parents to confirm that all forms, permission notices and fees have been completed and included before submitting to the school office.

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### Local Excursion Permission Notice – 2017

The purpose of this notice is to allow teachers to take their grade for walks in the local neighbourhood to shops parks and other places of interest. These types of visits are important aspects of the curriculum and provide students the opportunity to be more familiar with their local school neighbourhood.

This permission notice is for the whole school year and means teachers do not need to request permission notices for each local walking excursion they undertake during the year. Teachers will inform parents prior to the excursion taking place so that parents are aware and can plan.

**I give permission for my child:**

**First Name:**

**Family Name:**

To attend the excursion as outlined above. I authorise the teacher in charge to consent, where it is impracticable to communicate with me, to the child receiving medical treatment or surgical treatment as may be deemed necessary.

**Parent A:**

*(first name)*

*(family name)*

**Signature:** .....

*and / or*

**Parent B:**

*(first name)*

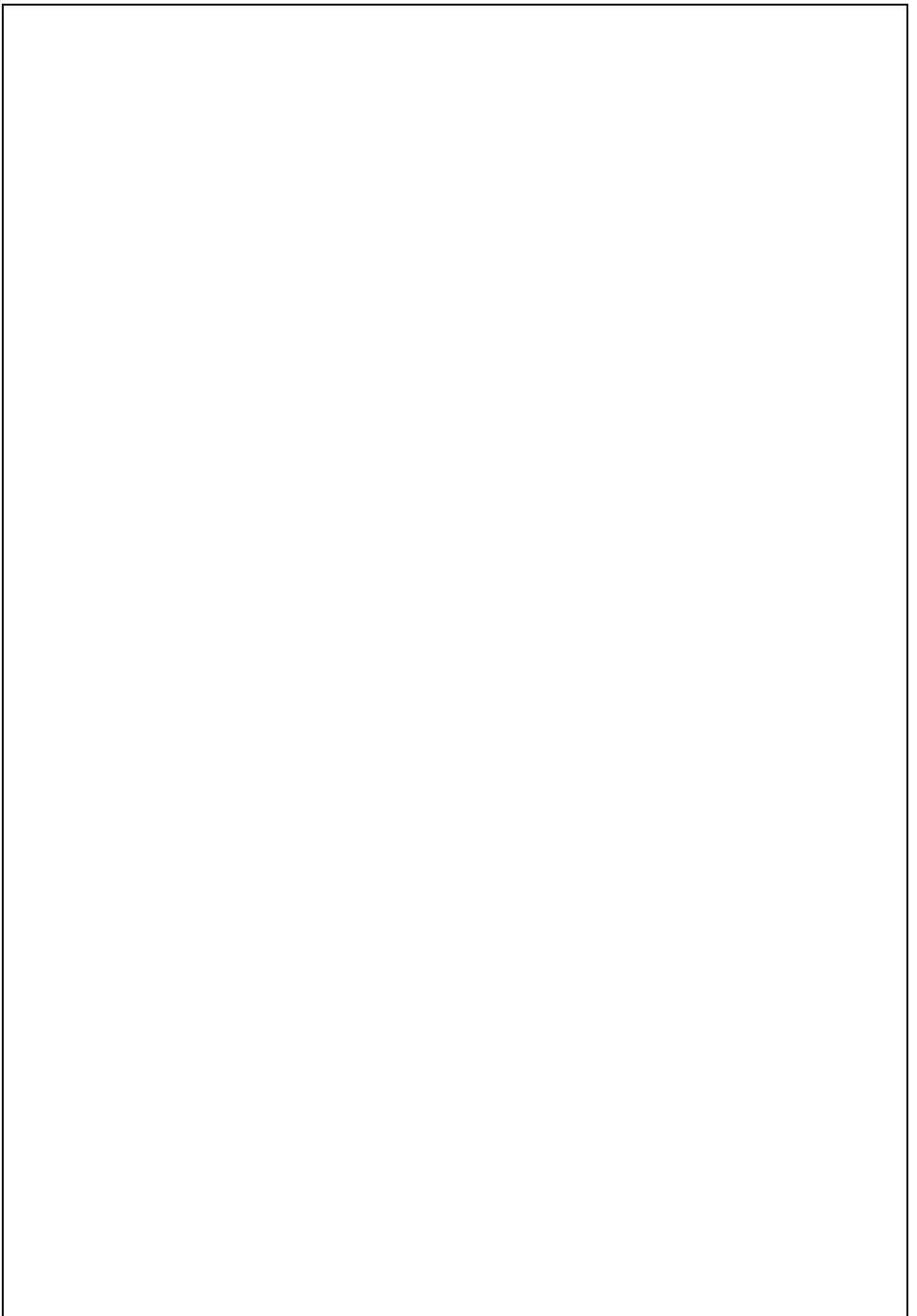
*(family name)*

**Signature:** .....

**Office Only**

**Grade:**

**Teacher:** .....



NEWLANDS PRIMARY SCHOOL  
SCHOOL ASTHMA ACTION PLAN  
&  
ASTHMA INFORMATION UPDATE  
2017

Dear parents / Caregivers

Schools are required to develop asthma action plans for students who may have asthma condition that requires medication.

If your child does have asthma then we would like you to complete this form and return it to school ASAP. Once this form is completed and returned to school we will process the information and then follow-up with a further form called an Asthma Action Plan. This will detail the needs of the child and how the school will manage any asthma attacks in the future.

Thank you

Ross Dudgeon  
Principal

NEWLANDS PRIMARY SCHOOL  
SCHOOL ASTHMA ACTION PLAN & INFORMATION UPDATE  
2013

Child's Name .....  
(first) (surname)

Please place a tick the relevant box and sign, thank-you.

YES, MY CHILD DOES HAVE ASTHMA AND REQUIRES ASTHMA MEDICATION.

NO, MY CHILD DOES NOT HAVE ASTHMA AND DOES NOT REQUIRE MEDICATION

PARENT / CAREGIVERS NAME .....

PARENT / CAREGIVERS SIGNATURE .....

Office Only:

Grade:

Teacher: .....

## **NEWLANDS PRIMARY SCHOOL**

### **STUDENT IMAGE, PRIVACY & COPYRIGHT PERMISSION FORM 2017**

At Newlands Primary School we celebrate the efforts of our students by mentioning their participation in school events and their achievements in our school newsletter. Occasionally photographs of students are included. We also use photographs of students to promote our school along with examples of their work.

Photographs of students are on our school intranet site. On the school website there are images of students but we only use group photographs and we identify a student only by their first name, class or year level.

If an individual photograph and full name is required, we will only publish this on the website with the consent of the parent and student.

We allow parents to record school performances as this creates a memento that can be shared with other family members. Video or audio recording is permitted at school under a copyright license paid by DEECD on behalf of all government schools (AMCOS/ARIA license).

We invite the local and daily press to school events and they are expected to follow school policy on the publication of photographs of students. When a story is about an individual achievement we will always seek your consent before passing information or photographs to the press for publication. Unless a story features an individual child only group photos are published and students' identified by first name and year only.

If you have any concerns about how photographs of your child may be used by the school please let me know.

The following permission form allows the school to use recorded images for Newlands Primary School as mentioned. Therefore we ask that you read carefully, sign and complete the form.

Thank you for your anticipated agreement

Yours Sincerely

Ross Dudgeon  
Principal

## Newlands Primary School Student Image, Privacy & Copyright Permission Form 2013

*Please tick all questions and sign*

Permission statement	Yes	No	Parent Signature
I give permission for my child's image to be published in the school newsletter.	<input type="checkbox"/>	<input type="checkbox"/>	.....
I give permission for my child's image to be published on the school website.	<input type="checkbox"/>	<input type="checkbox"/>	.....
I give permission for my child's image to be published on the school intranet.	<input type="checkbox"/>	<input type="checkbox"/>	.....
I give permission for my child's image to be published and displayed on the school display boards.	<input type="checkbox"/>	<input type="checkbox"/>	.....
I give permission for my child's image to be published in the local newspaper.	<input type="checkbox"/>	<input type="checkbox"/>	.....
I give permission for my child's image to be published in the daily newspapers (The Age, Herald/Sun & The Australian)	<input type="checkbox"/>	<input type="checkbox"/>	.....
I give permission for my child's image to appear on local and national television broadcasts.	<input type="checkbox"/>	<input type="checkbox"/>	.....

**Student:**    
*(first name)*

*(family name)*

**Date**  -  -  **2**  **0**

**Office Only:**

**Grade:**

**Teacher:** .....

### CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Permission to cover the duration of the student’s schooling at:

#### Newlands Primary School

Throughout your child’s schooling, the school will be arranging head lice inspections of students. 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 inspections of students will be conducted by a trained person approved by the principal and school council. Before any inspections are conducted the person conducting the inspections will explain to all students what is being done and why and it will be emphasised to students 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 got them, you can do something about it.

The person conducting the inspections will check through each student’s hair to see if any lice or eggs are present. Person 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 person inspecting the student will inform the student’s teacher and the Principal. The school will make appropriate contact with the parents/guardians/carers.

Please note that health regulations requires 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.

Parent’s/guardian’s/carer’s full name: .....

Parent’s/guardian’s/carer’s full name: .....

Address: ..... Post code: .....

Name of child attending the school: .....

I hereby give my consent for the above named child to participate in the school’s head lice inspection program for the duration of their schooling at this school.

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

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

*Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.*

**Office Only:**

**Grade:**

**Teacher:** .....



## CHECKLIST

The following have been completed:

Items	Tick when completed
<i>Part A – Local Excursion Permission</i>	<input type="checkbox"/>
<i>Part B – Asthma nd Anaphylaxis Management Plan</i>	<input type="checkbox"/>
<i>Part C – Student Image, Privacy and Copyright</i>	<input type="checkbox"/>
<i>Part D – Headlice Check Permission</i>	<input type="checkbox"/>
<i>Out of Hours School Care</i>	<input type="checkbox"/>