

ROLLINS PRIMARY SCHOOL

RESPECT, ENCOURAGEMENT, AMBITION, CONSIDERATION AND HONESTY



Rollins Campus

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STUDENT'S NAME CLASS: DATE / /

Parents/Guardians are asked to fill in the required information and sign in the appropriate places. Please return this form to the office.

<p>1. STUDENT MEDICAL DETAILS – ALERT OFFICE TO CHANGES I understand it is my responsibility to inform the school of any medication/management plans for my child (e.g. Asthma, Anaphylaxis, Diabetes, Epilepsy, Attention Deficit Disorder, etc). I understand that if my child requires medication to be administered at school, I will be required to call at the school office to complete a Authority To Dispense Medication Form, stating specific information and that I give permission for school staff to administer the required medication.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>2. LOCAL VISITS, EXCURSIONS AND SPORTING EVENTS I give permission for my child to participate in any local visits, excursions or other school activities requiring my child to be taken from the Rollins Primary School premises. Children would be walking to these local events. I understand that this authority refers only to activities that are planned for the environs of Rollins Primary School. In the event of accident or illness involving my child, I authorise the teacher in charge of the excursions to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>3. USE OF CLASS SETS / LIBRARY BOOKS In the event of my child damaging or losing a School text/library book, I will replace the book or reimburse the school for the required amount.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>4. HEAD LICE CHECKS I give consent for my child to participate in the school's head lice inspection program. (Please note inspections will be organised, when necessary, using a staff member.) The Health Department requires that where a child has head lice, he or she should not return to school until appropriate treatment has commenced.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>5. ONLINE POSTING AUTHORITY, SCHOOL PROMOTIONS AND PHOTOGRAPHS I give permission for my child's photograph and/or work to be published on the school's website, Facebook or other online portals; and also in school promotions, publications, the newspaper, etc.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>6. MOVIES, DVDs, FILM CONTENT Occasionally DVD's / movies are shown to the students for educational purposes or special activities. I agree to allow my child to watch PG rated material at school.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>7. ATTENDANCE I acknowledge the importance of school attendance and the impact that absenteeism has on student achievement. I undertake to keep my child/children's absences from school to illness and emergency situations only.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>8. INTERNET – ACCEPTABLE USERS AGREEMENT I understand and will follow the guidelines outlined below. I understand that access to the internet is a privilege and that inappropriate use will result in the loss of this privilege.</p> <ol style="list-style-type: none"> The primary focus will be educational Responsible, appropriate and respectful language shall be used at all times. Privacy – do not include personal information (e.g. Name and phone numbers) Users must take full responsibility for their own actions. When a user finds inappropriate material, they must immediately inform the supervising teacher. 	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>9. SCHOOL DRESS CODE I agree to ensure that my child will follow the appropriate Dress Code as outlines in the School Uniform Policy.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

ANY CHANGES TO THIS AGREEMENT: I understand that is my responsibility to inform the School in writing of any changes to these agreements.

SIGNED, LEGAL PARENT / GUARDIAN: _____ DATE: _____