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**SCHOOL YEAR 2021**

Dear Parents/Guardians,

As a part of our start of year process we need to make sure that our records are up to date. It is important that we keep our data base up to date.

The forms included in this pack are:

* *Publication Permission*
* *Movie Permission*
* *Local Excursions Permission – Walking and School Bus*
* *Head Lice check permission*
* *Computer usage & Internet agreement*

Thank you for your support in completing these forms,

*Aldercourt Primary School*

*Administration Team*

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**SCHOOL YEAR 2021**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PUBLICATION OF STUDENT’S WORK/PICTURES:**

During the course of the year children’s work or personal and/or photographs may be published in local or state newspapers, in the D.E.T. Victorian School News, appear on television. Parents have the right to withdraw permission for this to take place. If you agree to have your child’s work or photograph published now, but the circumstances change during the year, please notify your child’s class teacher immediately

**PARENTS PERMISSION FOR THE PUBLICATION OF STUDENT WORK/PICTURES MEDIA**

I understand that from time-to-time the school may wish to publish examples of student projects, photographs of students, and other work via the digital communication or printed media. This may include the school website, facebook account or newsletter. At all times your child’s surname **would not** be added onto this media source.

My child’s work and photographs of my child **can be** published through the media.

I would prefer that my child’s work and picture **not be** published through the media.

**STUDENT’S WATCHING PG RATED MOVIES**

Currently schools have permission to watch ‘G’ rated movies. Movies such as Shrek 2, Harry Potter etc. are PG.

|  |  |
| --- | --- |
| **PG RATED MOVIES**I give permission for my child to watch PG rated movies(Please tick ***✓***)* Yes I approve
 | **PG RATED MOVIES**I do not give permission for my child to watch PG rated movies(Please tick ***✓***)* No I do not approve
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**LOCAL EXCURSIONS – WALKING AND SCHOOL BUS**

My child has permission to participate in:

Local Excursions – which may include walking a small distance from the school grounds to complete class curriculum activities or riding on the school bus to local activities such as Science lessons at Monterey Secondary College, visiting the Aged Care facility in Frankston North or within our school zone that includes Carrum Downs.

 **YES**

 **NO**

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

 **HEAD LICE INSPECTIONS**

Often at the start of each term there is a minor outbreak of head lice. Parent permission is required for an inspection to take place.

I **agree** to allow a head lice inspection of my child should the need arise.

I **do not agree** to allow a head lice inspection of my child should the need arise.

Date ......./ …. /2021...............................................................................

Signature of Parent or Guardian



**COMPUTER USAGE &**

**INTERNET AGREEMENT 2021**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that I am responsible for my own actions while using the Internet as a learning tool.

I understand that I must display a full understanding of this agreement and further lessons before being accepted to hold any sort of licence.

The Internet, like the real world, is a place where there are lots of places to go and visit and explore. Like the real world there are places that are suitable only for adults and many places that are more suited to children.

With this understanding, I agree to the following rules:

* Use common sense at all times
* Never give out personal information such as a phone number, access or password
* Represent myself honestly at all times
* Check with the teacher to see if I am permitted to access the internet
* Disengage from people who are nasty, argumentative or acting inappropriately
* Contact the teacher immediately if I have trouble getting out of a difficult situation
* The classroom teacher will keep this agreement for the current year.

I understand that:

* Serious breaches of the rules regarding internet usage will result in an indefinite loss of this privilege
* If I do not return this signed agreement I will not be permitted to use the Internet.

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_

As a parent/guardian of the above signed student I agree to the terms and conditions of this
 agreement and grant permission to (student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ learning

 on the internet.

Parent Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_