CONSENT / PERMISSION / INFORMATION FORM

The following form contains permission forms for a variety of activities conducted throughout your child/children’s Primary School years. These activities relate to your child’s educational activities conducted by the school or individual classes. Also we need to keep up to date records of family contact numbers, emergency phone numbers and family occupation group status.

Please complete and return to school as soon as possible.

Student Name

1. LOCAL EXCURSION

I give permission for my child to participate in local excursions as they occur. I understand that these excursions are to locations / events within walking distance of the school.

Examples of local excursions include:

- Environmental activities in areas surrounding the school.
- Memorial or special services.
- Road safety activities
- Landcare activities (tree planting, etc) in various locations around Elphinstone.

NOTE: Activities that involve overnight stays, bus travel or adventure activities will normally require separate permission. If you have concerns about any activity please clarify them immediately.

YES / NO (Please circle your choice)

Parent/Guardian Signature:

2. PHOTOGRAPHS

NOTE: schools do not usually require permission to publish photos of students for inclusion in their school newsletter. If, however, any parent has concerns about this (eg: religious or security reasons), please contact the school to discuss the matter.

I give permission for my child to have his/her photograph taken and possibly published by the media (newspapers, magazines) in relation to Elphinstone Primary School activities whilst he/she is a student at the school. (NOTE: For privacy reasons, the school does not normally issue family names of students to the media).

I understand that the school newsletter may contain work samples and photographs and that it will be emailed to other schools via the internet as well as posted on our school website.

YES / NO (Please circle your choice)

Parent/Guardian Signature:
3. **USE OF COMPUTER /TECHNOLOGY RESOURCES**

**Parent Agreement:** I agree to my child/ren using the Internet at school for the educational purposes in accordance with the school current practise. I understand that the school will provided adequate supervision and minimize risk of exposure to unsuitable materials. I will reinforce the “appropriate use” aspect with my child in accordance with the policies adopted by the school.

YES / NO (Please circle your choice)

Parent/Guardian Signature…………………………………………………………

PLEASE RETURN THIS NOTICE AS SOON AS POSSIBLE