



# FAMILY DETAILS

**“NOTE: The ‘PRIMARY CARER’ is: ‘the family or parent the student predominately lives with’. In the event of a family separation where contact is still maintained please also complete the Alternative Family Details Form.”**

## ADULT A DETAILS (PRIMARY CARER):

## ADULT B DETAILS:

<b>Sex (tick):</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)		
<b>Legal Surname:</b>		
<b>Legal First Name:</b>		
<b>What is Adult A’s occupation?</b>		
<b>Who is Adult A’s employer?</b>		
<b>In which country was Adult A born?</b>		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):	
❖ <b>Does Adult A speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify):		
<b>Please indicate any additional languages spoken by Adult A:</b>		
<b>Is an interpreter required?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ <b>What is the highest year of primary or secondary school Adult A has completed?</b> (tick one) (For persons who have never attended school, mark ‘Year 9 or equivalent or below’.)		
<input type="checkbox"/> Year 12 or equivalent		
<input type="checkbox"/> Year 11 or equivalent		
<input type="checkbox"/> Year 10 or equivalent		
<input type="checkbox"/> Year 9 or equivalent or below		
❖ <b>What is the level of the highest qualification the Adult A has completed?</b> (tick one)		
<input type="checkbox"/> Bachelor degree or above		
<input type="checkbox"/> Advanced diploma / Diploma		
<input type="checkbox"/> Certificate I to IV (including trade certificate)		
<input type="checkbox"/> No non-school qualification		
❖ <b>What is the occupation group of Adult A?</b> Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> <li>• 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 their last occupation to select from the attached occupation group list.</li> </ul>		
<ul style="list-style-type: none"> <li>• If the person has not been in <u>paid</u> work for the last 12 months, enter ‘N’.</li> </ul>		

<b>Sex (tick):</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)		
<b>Legal Surname:</b>		
<b>Legal First Name:</b>		
<b>What is Adult B’s occupation?</b>		
<b>Who is Adult B’s employer?</b>		
<b>In which country was Adult B born?</b>		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):	
❖ <b>Does Adult B speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)		
<input type="checkbox"/> No, English only		
<input type="checkbox"/> Yes (please specify):		
<b>Please indicate any additional languages spoken by Adult B:</b>		
<b>Is an interpreter required?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ <b>What is the highest year of primary or secondary school Adult B has completed?</b> (tick one) (For persons who have never attended school, mark ‘Year 9 or equivalent or below’.)		
<input type="checkbox"/> Year 12 or equivalent		
<input type="checkbox"/> Year 11 or equivalent		
<input type="checkbox"/> Year 10 or equivalent		
<input type="checkbox"/> Year 9 or equivalent or below		
❖ <b>What is the level of the highest qualification the Adult B has completed?</b> (tick one)		
<input type="checkbox"/> Bachelor degree or above		
<input type="checkbox"/> Advanced diploma / Diploma		
<input type="checkbox"/> Certificate I to IV (including trade certificate)		
<input type="checkbox"/> No non-school qualification		
❖ <b>What is the occupation group of Adult B?</b> Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> <li>• 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 their last occupation to select from the attached occupation group list.</li> </ul>		
<ul style="list-style-type: none"> <li>• If the person has not been in <u>paid</u> work for the last 12 months, enter ‘N’.</li> </ul>		

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information

<b>Main language spoken at home:</b>		<b>Preferred language of notices:</b>	
<b>Are you interested in being involved in school group participation activities? (eg. School Council, excursions)</b> (tick)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both <input type="checkbox"/> Neither

# FAMILY CONTACT DETAILS

## ADULT A CONTACT DETAILS:

### Business Hours:

Mobile Telephone No:	
Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact information:	

## ADULT B CONTACT DETAILS:

### Business Hours:

Mobile Telephone No:	
Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact information:	

## FAMILY DOCTOR DETAILS:

Doctor's Name		Individual or Group Practice: (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group	Phone No:
No. & Street or PO Box No.:			
Suburb:		State:	Post Code:
Current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:	

## FAMILY EMERGENCY CONTACTS OTHER THAN ADULTS A &/OR B:

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				
3				
4				

## OTHER FAMILY DETAILS

Relationship of Adult A to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other

The student lives with the Primary Family: (tick one)
<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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## CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information (<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>).

## STUDENT AT RISK, ACCESS OR ACTIVITY RESTRICTIONS DETAILS

### AT RISK

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of the Risk		

### ACCESS

Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)		
Copy of the Access Alert documents provided to the school	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Access Type: (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other
Describe any Access Restriction:				

### ACTIVITY

Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, then describe the Activity Restriction:		

## STUDENT MEDICAL DETAILS

### MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> No

### ASTHMA MEDICAL CONDITION DETAILS:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

Please indicate if the student suffers from any of the following symptoms: (tick)		If my child displays any of these symptoms please: (tick)			
<input type="checkbox"/> Cough		Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Difficulty Breathing		Inform Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Wheeze		Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Exhibits symptoms after exertion		Other Medical Action	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Tight Chest		If yes, please specify:			
Has an Asthma Management Plan been provided to School?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take medication? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:			
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative <input type="checkbox"/> Response			
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:			
Medication is usually administered by: (tick)		<input type="checkbox"/> Student	<input type="checkbox"/> Nurse	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse	<input type="checkbox"/> Fridge in Staff Room	<input type="checkbox"/> Elsewhere
Dosage time	Reminder required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Poison Rating	

## OTHER MEDICAL CONDITIONS

(More copies of the other medical condition forms are available on request from the school.)

<b>Does the student have any other medical condition?</b> (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:			
Symptoms:			
<b>If my child displays any of the symptoms above please:</b> (tick)			
Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inform Emergency Contact
Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Medical Action
			If yes, please specify:
<b>Does the student take medication?</b> (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<b>Name of medication taken:</b>	
<b>Is the medication taken regularly by the student (preventive) or only in response to symptoms?</b> (tick)		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response
<b>Indicate the usual dosage of medication taken:</b>		<b>Indicate how frequently the medication is taken:</b>	
<b>Medication is usually administered by:</b> (tick)		<input type="checkbox"/> Student	<input type="checkbox"/> Nurse
		<input type="checkbox"/> Teacher	<input type="checkbox"/> Other
<b>Medication is stored:</b> (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse
		<input type="checkbox"/> Fridge in Staff Room	<input type="checkbox"/> Elsewhere
<b>Dosage time</b>	<b>Reminder required?</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<b>Poison Rating</b>	

*In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from I authorise the Principal or teacher in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)*

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first aid as the Principal or staff member may judge to be reasonably necessary

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.*

I certify that the information contained within this form is correct.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### OFFICE USE ONLY

<b>Child's Name and Birth Date proof copied</b> (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Enrolment Date:</b>	
<b>Immunisation Certificate Status?:</b> (tick)	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not sighted	
<b>Is there an 'At Risk' alert for the student?</b> (tick)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 'At risk' information Received	
<b>Access Restrictions for the student?</b> (tick)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Custody Documents Received	
<b>Activity Alert for the student?</b> (tick)	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>Is there a Medical Alert for the student?</b> (tick)	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>Has a Transition Statement been provided (either by the Early Childhood Educator or parents)?</b> (tick) <small>For prep students only</small>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Pending	
<b>Form Accepted &amp; Signatures checked</b>	Name		Date	
<b>Entered in CASES21</b>	Name		Date	

## **PARENTAL OCCUPATION GROUP CODES**

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

### **GROUP A Senior management in large business organisation, government administration and defence, and qualified professionals**

**Senior Executive / Manager / Department Head** in industry, commerce, media or other large organisation

**Public Service Manager** (Section head or above), regional director, health / education / police / fire services administrator

**Other administrator** (school principal, faculty head / dean, library / museum / gallery director, research facility director)

**Defence Forces** Commissioned Officer

**Professionals** - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
- *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- *Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

### **GROUP B Other business managers, arts/media/sportspersons and associate professionals**

**Owner / Manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

**Specialist Manager** (finance / engineering / production / personnel / industrial relations / sales / marketing)

**Financial Services Manager** (bank branch manager, finance / investment / insurance broker, credit / loans officer)

**Retail sales / Services manager** (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

**Arts / Media / Sports** (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

**Associate Professionals** - generally have diploma / technical qualifications and support managers and professionals:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
- *Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- *Defence Forces* senior Non-Commissioned Officer

### **GROUP C Tradesmen/women, clerks and skilled office, sales and service staff**

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

**Clerks** (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)

**Skilled office, sales and service staff:**

- *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
- *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- *Service* (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)

### **GROUP D Machine operators, hospitality staff, assistants, labourers and related workers**

**Drivers, mobile plant, production / processing machinery and other machinery operators**

**Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

**Office assistants, sales assistants and other assistants:**

- *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- *Sales* (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)
- *Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

**Labourers and related workers**

- *Defence Forces* - ranks below senior NCO not included above
- *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- *Other worker* (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)



# THE LAKES SOUTH MORANG COLLEGE

## CONSENT TO CONDUCT HEAD LICE INSPECTIONS

### Permission to cover the duration of the student's schooling at The Lakes South Morang College

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's 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.*

### **The Lakes South Morang College Child Safety Statement:**

To thrive, children need a safe and supportive environment at school, at home and in the broader community; no exceptions. At The Lakes South Morang College, we believe meeting the physical and emotional needs of our students is paramount in laying the foundations for a fulfilling future. We pledge to provide an environment that has zero tolerance to child abuse and will strive to work in partnership with our parents and community members to keep our students safe every day, in every way.





# THE LAKES SOUTH MORANG COLLEGE

## PERMISSION TO LEAVE SCHOOL GROUNDS

Dear Parents/Guardian,

Throughout the educational program of our school, students will explore their local community. We will need to walk to sporting venues, council reserves and other facilities to engage students in authentic learning and therefore expose them to classrooms without walls, new experiences where we can ignite their passion for learning.

Students leaving the premises will always be accompanied by staff and will be supervised at all times.

Please complete the permission slip and return it to your child's home group teacher as soon as possible to enable local excursions to commence quickly.

Kerrie Heenan  
College Principal



# THE LAKES SOUTH MORANG COLLEGE

## PERMISSION TO LEAVE SCHOOL GROUNDS

I do / do not (please circle) give permission for my child to walk from school to local venues for the duration of their enrolment at The Lakes South Morang College.

I understand that in the event of illness whilst on the excursion, I authorise the Principal or teacher in charge of my child, where it is impracticable to communicate with me, to consent to emergency medical arrangements on my behalf.

**CHILD'S NAME:** .....

**Year Level:** .....

**EMERGENCY Telephone Numbers:**

**Mobile:** .....

**Work:** .....

**Home:** .....

**PARENT'S/GUARDIAN'S SIGNATURE:**

**DATE:**

.....

.....

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# THE LAKES SOUTH MORANG COLLEGE

## Publication of Student Work and Photographs

### Rationale:

- Parents have the right to make the choice whether to approve or not approve their child's participation in the school process for publishing student work or student photographs.

### Aims:

- To publish the efforts and achievements of students to the local school community and on the Webpage that respects the privacy of students.

### Implementation:

- At The Lakes South Morang College we celebrate the efforts and achievements of our students by mentioning their participation in school programs in our newsletter which will also be on our website. Occasionally group photos, not individual photos, of students are used. We do not identify students in photographs by name, the student's home group or year level only, is identified. On a regular basis we celebrate student work by publishing it in our weekly newsletter and on our website. Authorship of student work is by the student's first name and their home group. **Parent permission is needed for their child to be part of this publishing program** (refer consent form below).
- At The Lakes South Morang College we routinely publish student booklets, eg. a class newsletter, camp booklet, etc, because these magazines are for our school programs and are circulated amongst The Lakes South Morang College students and staff we use student photographs and full student names. **This is an acceptable practice for schools and permission is not needed.**
- On occasions students are invited to be videoed, photographed, recorded or interviewed by local or national newspapers, television, government publications or other areas of the media. **Parent/guardian consent will be sought before each individual occurrence.**
- Each year a commercial photographer takes home group, sport and other group photos of our students which parents can purchase. This is an acceptable practice in schools, which parents can decline when they receive advance notice of when photos will be taken. Individual photos are taken of all students at this time for the school to use as part of its student information records for educational, health and welfare reasons. This is **an acceptable school practice and permission is not needed.**
- **Please note:** *If a parent chooses not to give permission, their child will not have their work published nor will their name be published for sporting or artistic achievements or Student of the Week awards in the school's weekly newsletter or the Webpage. Non-return of a consent form is deemed to be the parent has not given approval.*

**This policy is ratified by School Council 22/3/07**

Detach and return as soon as possible. All responses will go on a school database to be applicable whilst your child is a student at The Lakes South Morang College



## The Lakes South Morang College

### PUBLICATION OF STUDENT WORK AND PHOTOGRAPHS POLICY

I do/do not give consent for my child's schoolwork (with their first name only and home group) and inclusion in a group photo (with no name), to go in the newsletter and on the Webpage.

Name of student..... Year level P 1 2 3 4 5 6 7 8 9

Name of parent (please print) .....

Signature of parent ..... Date .....

### The Lakes South Morang College Child Safety Statement:

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