



WIRIPAANG PUBLIC SCHOOL
STUDENT BACKGROUND INFORMATION
AND PARENTAL CONSENT FORM
Classroom Teacher Use Only

2020

STUDENT NAME:

CLASS:

DATE OF BIRTH:

HOME ADDRESS:

**Email Address
(Optional) :**

PARENT/GUARDIAN CONTACT DETAILS

1. Name: _____ Relationship to child: _____
Resides with student: Y/N
Contact Phone No's: Home _____ Work _____ Mobile _____
2. Name: _____ Relationship to child: _____
Resides with student: Y/N
Contact Phone No's: Home _____ Work _____ Mobile _____

SIBLINGS: Please list any brothers or sisters of your child - please include class if enrolled at WPS.

STUDENT BACKGROUND

Child's country of birth: _____

Is your child of Aboriginal Descent? YES / NO

Is your child of Torres Strait Islander Descent? YES / NO

Primary Language Spoken at Home: _____

Other language/s spoken at home: _____

Religion (optional): _____

SPECIAL MEDICAL CONDITIONS OR RELEVANT PAST MEDICAL HISTORY:

e.g. glasses, asthma, allergies (Please attach any specific health care plans)

MEDICATIONS (NB: All medications administered at School must have the approval of the Principal and have an individual health care plan)

Does your child require any special medication Yes / No - If yes please provide details:

PARENTING ARRANGEMENTS:

Does your child have any special parenting arrangements (i.e. shared custody, access, sole custody etc) YES / NO – If yes please specify access details for other parent/s (and school requires a copy of court papers if not already on file).

TRANSPORT TO AND FROM SCHOOL/AFTER SCHOOL CARE: Please briefly describe how your child travels to and from school this year and/or any special after school care arrangements (eg Bus, OOSH etc.)

INTERESTS: Please list any special interests/ hobbies or sports your child may be interested in.

AREAS FOR DEVELOPMENT: Please list any areas for development that you consider important for your child this year- e.g. academic, social, physical and emotional.

PARENT INFORMATION - Areas of interest/ expertise (to create school data base of community knowledge and expertise)

CONSENT FORM: Please read and sign the consent form below so your child may be included in the activities throughout the year.

Description of Activity	Parental Consent: I hereby consent to the described activity (Please tick Yes or No)
SECURE INTERNET BROWSING AND EMAILS Email is a method of communicating on the Internet by sending and receiving written messages. Your child's/children's email account is protected by software to block out inappropriate messages. Your child/children will be provided with an individual username and password to access filtered Internet browsing and email at school. Their user name and password will ensure that they receive Internet filtering and that no one else can access their email. All students who use the Internet at school are taught that they must follow the code of conduct outlined in the school's <i>Student Access to the Internet Policy</i> . (K-2 student will be only using the emails under the direct supervision of teachers.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
PARTICIPATE IN CONNECTED CLASSROOM ACTIVITIES	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD PROTECTION EDUCATION Child protection education is about assisting students to develop skills in: •recognising and responding to unsafe situations •establishing and maintaining non-coercive relationships •seeking assistance effectively. It is important that students learn about: •what constitutes abuse, so that they can recognise potentially abusive or unsafe situations •power in relationships and the skills of building relationships that are caring and positive •ways they can take appropriate action if they are in uncomfortable or unsafe situations. Students also engage in lessons which name body parts. All curriculum materials are available for parent screening upon request.	<input type="checkbox"/> YES <input type="checkbox"/> NO
LOCAL WALKING EXCURSIONS- (within 5km radius) Students periodically utilise community resources and places of interest in their learning programs and lunchtimes. Students walk to and from the community areas (sporting fields, parks, halls etc) and are fully supervised by teachers. All walking excursions are between school hours and require no cost to students.	<input type="checkbox"/> YES <input type="checkbox"/> NO
PG RATED MOVIES I give permission for my child to watch PG rated movies	<input type="checkbox"/> YES <input type="checkbox"/> NO
AMBULANCE/MEDICAL ATTENTION – Consent is given for the securing of ambulance or medical attention in the event of an emergency. (The school contributes to Ambulance Fund but neither the school nor the Department of Education can be held responsible for claims arising from such attention).	<input type="checkbox"/> YES <input type="checkbox"/> NO

I have read the above activities and understand that these may be ongoing throughout the year.

PARENT / GUARDIAN SIGNATURE: _____ **DATE:** _____

NAME OF PARENT/GUARDIAN (Please Print): _____