



**PRIMARY SCHOOL**

**Bridgewater Primary School**

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**GENERAL PERMISSION FORMS**

**FAMILY NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**STUDENT NAME/S:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Following is a standard permission form, which will be used for the duration of their school year.

**PERMISSION TO BE PHOTOGRAPHED AND NAMED**

I give permission for my child/children to be photographed and named (first names only) by still or video camera, whilst attending Bridgewater Primary School, either individually or in groups, whether the photograph be taken for school purposes (eg school assembly, camps, excursions, class activities) or by a commercial photographer selected by the school and/or publication in the local print media. I understand that this general consent does not commit me to accept, with a view to purchase any photograph that may be subsequently taken of my child/children.

(PLEASE TICK RELEVANT SECTIONS BELOW):

- |                                |                           |                          |
|--------------------------------|---------------------------|--------------------------|
| Newsletter                     | <input type="radio"/> YES | <input type="radio"/> NO |
| School Website                 | <input type="radio"/> YES | <input type="radio"/> NO |
| Commercial Photographer        | <input type="radio"/> YES | <input type="radio"/> NO |
| Print Media (local newspapers) | <input type="radio"/> YES | <input type="radio"/> NO |

**LOCAL EXCURSIONS**

I consent to my child/children taking part in local excursions during the school year for educational purposes, when no costs are incurred (eg bus trip to Inglewood or nearby town). Parents will be notified in advance of the local excursion where possible.

YES       NO

**UNIFORM AAND HAT POLICY**

Our School has endorsed the wearing of a school uniform and there is an expectation that all students wear school colours at all times. Children are required to wear a hat (bucket or broad-brimmed) between 1st September and 30th April. Children without a hat are required to sit and/or play in a shaded area whilst outside.

YES       NO

**COMPUTER USE STUDENT AGREEMENT**

Our school recognizes that familiarity with Learning Technologies is essential for student studies and future employment. In order to do this the school has a computer network accessible to all students. The Internet is provided for the purposes of educational research and learning. Our school promotes responsible use of computer facilities by providing adequate supervision and encouraging students to be responsible users. Students are expected to follow guidelines governing network use with breaches resulting in limited or withdrawn access to facilities.

**Grades 3-6 ACCEPTABLE COMPUTER USE STUDENT AGREEMENT**

- I agree to use the Internet and email at Bridgewater Primary School in a responsible manner for purposes stated by my teacher. I can expect adequate supervision will be available when using the Internet.  
If I find myself in unsuitable locations I will immediately click on the back button and inform my teacher.
- I will compose email messages using only language that is acceptable in my school.
- I will inform my teacher if I receive email that makes me feel uncomfortable.
- I will always have my teacher's permission before publishing web pages or sending email.
- I will not give out personal information such as my surname, address, telephone number or that of my family.
- I will respect the rights, privacy and property of others when using the Internet.
- I will not publish or send a picture of myself without first checking with my teacher.
- I will not publish material from other web sites unless I have permission from the person who created the material. If I am unsure, I will check with my teacher.
- I understand that breaches of rules will see me lose my internet access for a period of time determined by the school.

STUDENT NAME ..... STUDENT SIGNATURE .....

STUDENT NAME ..... STUDENT SIGNATURE .....

STUDENT NAME ..... STUDENT SIGNATURE .....

STUDENT NAME ..... STUDENT SIGNATURE .....

I agree to my child/children using the Internet at school for educational purposes in accordance with the Student Agreement above. I understand the school will provide adequate supervision and that steps have been taken to minimize risk of exposure to unsuitable material.  YES  NO

**Grades P-2 ACCEPTABLE COMPUTER USE STUDENT AGREEMENT**

I agree to allow my child to access the Internet within sites that have been previously viewed by the classroom teacher and filtered by a provider approved by the Department of Education, Training and Employment. I expect that adequate supervision will always be available when my child is using the Internet. I expect that my child will be shown what to do should he/she encounter any material on the web that makes him/her feel uncomfortable at any time. My child is aware that he/she should never give out personal information, including their phone number, last name or home address when using the Internet.

I give my permission for my child/children to use the internet at Bridgewater Primary School.  YES  NO

**PERMISSION TO BORROW SCHOOL LIBRARY AND HOME READING BOOKS**

I give permission for my child/children to borrow books from the school library and home reading boxes and I accept the responsibility for replacement cost for books damaged or lost.  YES  NO

### **CONSENT TO BE CHECKED FOR HEAD LICE**

Throughout the year, the school will be arranging head lice inspections of students. The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation. Before any inspections are conducted staff 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. A volunteer trained by the local council or a nurse will conduct the inspection of students. The person conducting the inspections will check through each student's hair to see if any lice or eggs are present. In cases where head lice are found, the person inspecting the student will inform the student's class teacher and the principal. The school will make appropriate contact with the parents/guardians.

Please note that the law requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced. Unless certain that all eggs have been removed, treatment should be reapplied seven days later.

YES

NO

### **CONSENT TO ACT IN A MEDICAL EMERGENCY**

In the event of serious illness or injury to my child whilst at school, on an excursion, or anytime whilst in the care of authorised Bridgewater Primary School staff, if deemed necessary, I authorise the Principal or the teacher in charge of my child to call an ambulance and acknowledge that I am responsible for any costs incurred.. Also, where the principal or teacher in charge is unable to contact me, or it is otherwise impracticable to contact me to:

(PLEASE TICK RELEVANT SECTIONS BELOW):

- 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 reasonable and/or necessary.

### **SCHOOL BEHAVIOUR MANAGEMENT**

The School has an agreed Conduct Code. This features restorative justice practices and develops student accountability for behavioural choices made. It involves steps which may lead the student to contact home if required.

I understand the school has a Conduct Code and accept responsibility to support the steps involved. (A copy of the policy is available from the school office.)

YES

NO

### **CONSENT TO VIEW DIGITAL MEDIA**

I consent to my child viewing tv programs, short video clips and movies which are rated – (F) Family, (G) General and (PG Parental Guidance). I understand that PG programs would be previewed by a staff member to check suitability for class use.

YES

NO

### **SCHOOL YARD SUPERVISION**

I understand that the yard is supervised from 8.30am until 3.45pm Monday – Friday and that the school cannot accept responsibility for children in the yard outside these times.

YES

NO

### **PREVIOUS SETTINGS**

Please tick those services with whom your child has been associated:

Occupational Therapy

Previous Primary School

Speech Therapy

Other agency (please list) \_\_\_\_\_

Psychologist

Early Learning Centre (kinder, day care)

**I give permission for reciprocal sharing of information in order to support the learning of my child.**

YES

NO

### **CHECKLIST – HAVE YOU COMPLETED/PROVIDED THE ADDITIONAL FORMS?**

PLEASE TICK THE BOXES RELEVANT TO YOU:

Birth certificate (upon initial enrolment)

Immunisation Certificate (upon initial enrolment)

School Asthma Action Plan (if applicable)

Anaphylaxis Action Plan (if applicable)

Bus Travel Application Form (if applicable)

Conveyance Allowance Application Form (if applicable)

Education Maintenance Allowance Form (if applicable)