



NEWTOWN PUBLIC SCHOOL GENERAL CONSENT FORM 2021

This form must be completed for **EACH STUDENT** enrolled at Newtown Public School.

This General Consent Form **remains effective** until you **advise** the school otherwise **(in writing)**.

Please **initial each section** and **sign below** as **acknowledgement** of your **understanding** and agreement.

STUDENT NAME: _____ ACADEMIC YEAR: _____

CLASS NAME: _____ DATE: _____

<p><u>SUPERVISION OF STUDENTS</u></p> <p>I understand that direct supervision of students at Newtown Public School commences at 8.30am and ceases at 3.15pm Monday to Friday (school days only). I understand students must not be left unsupervised by parents or carers in the school grounds before 8:30am or after 3:15pm.</p>	INITIAL
<p><u>LOCAL EXCURSION AUTHORISATION</u></p> <p>From time to time lessons may be held outside the school grounds. We may walk the local streets and to local parks for Art, Physical Education or environmental studies. On these occasions the children will at all times be accompanied by a teacher. I give permission for my child to take part in short excursions within walking distance of school, accompanied by their teacher/s.</p>	INITIAL
<p><u>CHILD PROTECTION</u></p> <p>I consent to my child participating in the mandatory teaching of the NSW Department of Education Child Protection Curriculum at school, which involves the use of correct terms of the body parts.</p>	INITIAL
<p><u>PERMISSION TO VIEW VISUAL MATERIAL RATED 'PG'</u></p> <p>I give permission for my child to view 'PG' rated material that supports the programmed class curriculum and has been approved by the Principal. I understand that any viewing of such texts would take place under the direct supervision of class teachers.</p>	INITIAL
<p><u>STUDENT USE OF DIGITAL DEVICES and ONLINE SERVICES</u></p> <p>A new policy governing student use of digital devices and online services was been released for implementation in NSW public schools from the start of Term 1 2020. The policy is available for your viewing at: https://policies.education.nsw.gov.au/policy-library/policies/pd-2020-0471?refid=285859</p>	INITIAL
<p><u>SPECIAL RELIGIOUS EDUCATION (SRE) and SPECIAL EDUCATION IN ETHICS (SEE)</u></p> <p>A feature of the public education system in NSW is the opportunity to provide time in class for education in ethics, faith and morality from a religious or non-religious perspective at the choice of parents. Each year, classes are rolled over from the previous year. Students will continue the same arrangement as the previous year, unless a parent/carer has requested a change in writing to: newtown-p.school@det.nsw.edu.au The number of classes available depends entirely on the number of volunteers willing to run classes. If there are availabilities, parents are notified via an Expression of Interest note sent home in Term 1. Students not attending Special Religious Education or Special Education in Ethics are given supervised alternative meaningful activities. Our school website provides information on options to support parent/carer choice.</p>	INITIAL

Parent Name: _____ Signature: _____

Please return to school by Thursday 6th May April 2021

Mon 3rd May 2021

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CLASS NAME: _____ DATE: _____

PARENTING DETAILS / FAMILY SITUATION CHANGES

If your contact details or parenting situation has changed since you first enrolled your child at Newtown Public School, it is imperative that we are notified of the latest information. This will enable us to update our records and provide the best care for your child, especially in times of emergency.

Please advise any change of **address, phone numbers** or **emails**, as well as **any family changes**, such as **parent separation** or **court orders** being issued

(please email a copy to our School Administrative Manager – jane.davis1@det.nsw.edu.au)

All information provided to our school is handled with **utmost confidentiality and stored securely**

PRIVACY NOTICE: The school and the NSW Department of Education are subject to the *Privacy and Personal Information Protection Act 1998 (NSW)*.

The information provided on this General Consent Form is being obtained for the following purposes:

- *for the care, health and safety of the student
- *to gain permission for the student to participate in specific school programs
- *general school administration *promotion of the school

If you do not provide all or any of this information then your child may be excluded from specific programs.

You may correct any personal information provided at any time by contacting the school admin office at newtown-p.school@det.nsw.edu.au

Please complete any changes in the sections below

CHANGE OF DETAILS

Name: _____ Relationship to student: _____

Address: _____

Date of move: _____ *(rough estimate is okay)*

(please email a copy of *Tenancy Agreement* or *Utility Invoice* to jane.davis1@det.nsw.edu.au)

Phone number: _____ /email: _____

CHANGE TO FAMILY CIRCUMSTANCES *(separation)*

Please provide the details of changes to your family that will assist us in supporting your child day to day.

Parent Name: _____ Signature: _____

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STUDENT ENROLMENT and INFORMATION SYSTEM (explanation)

As per your Application to enrol in a NSW Government school form that you submitted when your child was first enrolled at Newtown Public School, Parent/Carer details are entered as follows:

* **Parent/Carer 1** with whom the student normally lives (**parents residing together**)

* **Parent/Carer 2** with whom the student normally lives (**parents residing together**)

* **Parent/Carer not living with the student** (Other Parent)

(for **split families** who **reside at different addresses**, and will be **listed as the Other Parent**).

When we are notified of a family separation, the recorded Parent/Carer 1 is listed as the main parent unless otherwise instructed.

Parent/Carer 2 becomes the **Other Parent** unless we are informed otherwise. This language system and data organisation is generated by the Department of Education's database.

FINANCIALLY RESPONSIBLE PARENT/CARER

Unless we are advised otherwise, **Parent/Carer 1** on your child's enrolment form automatically becomes the **Financially Responsible** parent. **ALL Statement of Accounts** and **Fee Reminders** will be sent to their email address.

If you would like this changed, please nominate the name, relationship and email details below.

Name/Relationship: _____

Email address: _____

We cannot provide SPLIT invoices, however, if families who reside in separate dwellings wish to **each receive** a Statement of Account for the **total amount owing** please complete the section below.

Parent Name/email: _____

Residential address: _____

Parent Name/email: _____

Residential address: _____

Parent Name: _____ Signature: _____

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STUDENT MEDICAL DETAILS and HEALTH CONDITIONS

It is essential you inform the school of any **newly diagnosed allergies, other medical conditions or changes to an existing condition**. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child.

ALLERGIES: _____

PRESCRIBED MEDICATION: _____

SUPPLIED TO OFFICE: _____

DOES YOUR CHILD HAVE AN ACTION PLAN FROM A DOCTOR? _____

NAME OF PLAN: _____ **SUPPLIED TO OFFICE:** _____

ANY FURTHER INFORMATION: _____

As many Medicare Cards expire soon after enrolment, can you please provide details below.

Student's Medicare number:

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Student's reference number:

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 Valid to date:

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Parent Name: _____ Signature: _____

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