

**Tuesday, 6 February 2018**

## Parent Permission Required

Below are 3 requests for permission to publish and participate whilst at school for 2018.

Child's Name: \_\_\_\_\_ Class \_\_\_\_\_

I give permission for my child to leave the school for local excursions and sports events with the school staff.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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I give permission for my child's photo to be used in the School Newsletter and information notes distributed to parents through the School Apps.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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I give permission for my child's photo to be used on the closed pages of the New Facebook site. This site has school delivered information to only families that have signed up through the schools approval in that particular stage.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Parent/Teacher Exchange of Information

**Student** \_\_\_\_\_ **Class** \_\_\_\_\_

Parent names \_\_\_\_\_

Any Custody or court orders: \_\_\_\_\_

Do we need to provide a report for another parent? Yes No Who for? \_\_\_\_\_

Siblings or relatives at school \_\_\_\_\_

Any sibling that may be coming to school in 2019. \_\_\_\_\_

How does your child travel to school? \_\_\_\_\_

How does your child feel about school? \_\_\_\_\_

Any concerns for your child at school? \_\_\_\_\_

Academic \_\_\_\_\_

Physical \_\_\_\_\_

Emotional \_\_\_\_\_

Social \_\_\_\_\_

What subject does your child like at school? \_\_\_\_\_

Does your child attend Speech Therapy? Yes No Does your child attend OT? Yes No

**Does your child have any of the following:**

Wear glasses Yes No Need particular positioning in the classroom \_\_\_\_\_

Hearing issues Yes No \_\_\_\_\_

Asthma Yes No Does the School have your child's Asthma Plan Yes No

Diabetes Yes No Does the School have your child's Health Care Plan Yes No

Epilepsy Yes No Does the School have your child's Health Care Plan Yes No

Allergies Yes No \_\_\_\_\_

**Anaphylaxis** Yes No Does the School have your child's Action Plan for anaphylaxis Plan Yes No



An individual health care **plan** must be developed for any student who is diagnosed as having a condition that may require an emergency response or any student who requires the administration of health care procedures.

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This year our classes will have a couple of excursions and incursions: these may include cooking program, visit to the Easter Show for the rural experience with food and animals. Are there any issues with these programs? \_\_\_\_\_

Is your child involved in Sports outside of school? Which Sports \_\_\_\_\_

Is your child involved in an activity or a particular hobby outside of school? \_\_\_\_\_

**This year we would like to work with you to establish some learning goals for your child. These will be reported back to you in Term 3. All students will also have personal learning goals that they will be working towards this year.**

What goals do you have for you child this year whilst they are at school?

Some examples are:

I would like my child to build confidence to take on new challenges.

I would like my child to participate in extra-curricular programs.

I would like my child to develop public speaking skills

I would like my child to Improve social skills.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else that you would like to share with the teacher? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_