



WALLAROO PRIMARY SCHOOL

CONSENT FORM – PHOTOS

NAME:.....

I give consent for my child to be photographed for inclusion in school plays, language activities, newsletter and possible publication in the paper etc.

Parent/Caregiver:.....

Date:.....

WALLAROO PRIMARY SCHOOL

LOST OR DAMAGED LIBRARY BOOKS

NAME:.....

I agree to pay for library books that have been lost or damaged by my child.

Parent/Caregiver:.....

Date:.....

WALLAROO PRIMARY SCHOOL

“G” RATED VIDEO

NAME:.....

I give consent for my child to watch “G” Rated Videos during school hours.

Parent/Caregiver:.....

Date:.....

WALLAROO PRIMARY SCHOOL

SCHOOL HOURS

NAME:.....

I agree children are not to be at school before 8:30 am and are to be picked up promptly at 3:00pm.

Parent/Caregiver:.....

Date:.....

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WALLAROO PRIMARY SCHOOL

CONSENT TO INSPECT FOR HEADLICE.

The SA Health commission recommends that everyone checks their hair every week for headlice. Checking and treating children’s hair is BY LAW A PARENT’S RESPONSIBILITY

Sometimes school and preschools offer to arrange head checks if there is a community outbreak of headlice. This for seeks consent for your child’s head to be inspected if the need arises.

PLEASE COMPLETE AND RETURN IT TO SCHOOL.

I understand and accept that any children found to be infested will be withdrawn from close contact with other children until collected fro treatment by parents of caregivers. I understand that I will need to collect my child promptly if headlice or nits are evident as a result of this check.

I give permission for the school to arrange for a health professional or staff member to check my child’s hair for nits and headlice. I understand any such check will be conducted sensitively.

OR

I do not give permission for the school to check my child’s hair for nits and headlice. I will do this. I understand that my child can be excluded from school where infestation is suspected. I understand it is my responsibility to arrange collection of my child from school when notified. I understand that approval for re-entry may require provision of advice from a doctor that my child is free of headlice and nits.

Child’s Name:.....

Parent/Caregiver:.....

Date:.....

WALLAROO PRIMARY SCHOOL

LIBRARY NOTIFICATION OF NEW ENROLMENTS

AND SCHOOL LEAVERS

NAME:.....

YEAR LEVEL:.....

ROOM NO:.....

EDSAS STUDENT ID NO:.....
