



**BRUNSWICK EAST PRIMARY SCHOOL  
PARENT AGREEMENT 2009**



**STUDENT'S NAME:**.....**DATE:** ...../...../.....  
**LEARNING COMMUNITY TEACHER:**.....

**1. USE OF CLASS SETS / LIBRARY BOOKS**

In the event of my child damaging or losing a school text / library book, I will replace the book or reimburse the school for the required amount.

*Signed*..... (Parent/Guardian)

**2. SCHOOL PROMOTIONS AND PHOTOGRAPHS**

Occasionally photographs, videos and filming for television programs are taken for special activities, events, sport, publicity, etc. Hence co-operation is sought to use such material to recognise and promote student participation and achievement in both the Brunswick East Primary School and wider community. I give consent for my child's photograph and work to be taken for use in School publications and promotional materials e.g. newsletter, magazine, newspapers.

*Signed*..... (Parent/Guardian)

**3. SCHOOL WEBPAGE PHOTOGRAPHS**

Occasionally **unnamed** group photographs may be used on our Web page. The purpose of this will be to recognise student participation and achievement through various events. I give consent for my child's unnamed group photograph to be published on our web page.

*Signed*..... (Parent/Guardian)

**4. INTERNET COMMUNICATION**

The staff is well trained in the structuring of computer-based activities and every care is taken to supervise the work that is produced. The school has also purchased its own firewall (separate to that from the Department of Education) to increase Internet security. Occasionally students may have their work published on the school webpage or may contribute to a website e.g. Premier's Reading Challenge, Paul Jennings homepage.

I give consent for my child to communicate, using first name only, with other primary students and organizations via email and/ or published works.

*Signed*..... (Parent/Guardian)

**5. HEAD LICE CHECKS.**

Throughout the year, the school may arrange head lice inspections of students. The management of head lice infection works best when all children are involved in our screening program.

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.

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 teacher and the principal. The school will make appropriate contact with the parents/guardian. 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.

I give consent for my child..... to be inspected for head lice.

**Signed**..... **(Parent/Guardian)**

**6. LOCAL EXCURSIONS**

During the course of the year, your child may be attending places of interest (e.g. C.E.R.E.S - Centre for Education, Research and Environmental Strategies) or sporting activities (local parks) that are within **walking distance** of the school. You will be **notified** in writing or through our school newsletter at least one day before the event – but you will not be required to sign a permission note each time. You will still have the opportunity to inform the school by letter if you do not wish your child to attend.

I give permission for my child..... in grade .....to attend supervised local excursions within walking distance of the school.

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the principal or a teacher-in-charge of my child, where it is impracticable to communicate with me, to consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified practitioner. Such consent includes anaesthetics, blood transfusions and surgical operations.

**Signed**..... **(Parent/Guardian)**

**Please return to your child's class teacher as soon as possible.**

**Privacy Information**

The primary purpose of collection of personal information of students and parents is to assist Brunswick East Primary School in providing education to its students. The information will only be used and disclosed for the purposes for which it was intended or for a directly related secondary purpose, unless agreed otherwise or under law.