



Canterbury Street, Clunes Vic. 3370  
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## Clunes Primary School – Agreement

**This agreement is valid for the length of time the student is enrolled at  
Clunes Primary School.**

<b>STUDENT'S NAME:</b> _____	
<b>DATE:</b> ____/____/____	<b>GRADE:</b> _____

### 1. LOCAL VISITS AND EXCURSIONS

I hereby give permission for my child to participate in any local visits, excursions or other school activities requiring my child to be taken from the Clunes Primary School premises.

I understand that I will receive adequate notice of any visits, etc, that are being planned by the school.

I also understand that this authority refers only to activities that are planned for the Clunes environment. In the event of accident or illness to my child, I authorise the teacher in charge of the excursions to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signed.....(Parent/Guardian)

### 2. 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)

### 3. 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 Clunes Primary School and wider communities.

I give my consent for my child's photograph and/or work to be taken for use in School publications and promotional materials, eg newsletter, magazine, newspapers.

Signed.....(Parent/Guardian)

#### 4. INTERNET PHOTOGRAPHS

Individual and 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 my consent for my child's photograph to be published on our Web page.

Signed.....(Parent/Guardian)

#### 5. BROAD BRIMMED/BUCKET HATS

During Term 1 and Term 4 students must wear broad brimmed hats when outside. I understand that if I don't wear my hat I will be requested to stay in the shade.

Signed.....(Student)

I have discussed these guidelines with my child.

Signed.....(Parent/Guardian)

#### 6. SUNSCREEN

I give my permission for Sunscreen to be applied to my child in the event of students going on a local excursion or sporting event and they do not already have sunscreen applied.

Signed.....(Parent/Guardian)

#### 7. ACCEPTABLE USE POLICY – INTERNET AND E-MAIL

I understand and will follow the guidelines outlined. I understand that access to the internet and e-mail facilities is a privilege. Inappropriate use will result in loss of that privilege, just like breaking any other school rule.

1. **Be Polite – Netiquette** – always send messages that are polite.
2. **Be responsible** – only appropriate sites will be accessed.
3. **Be Responsible – Use appropriate, respectful language** - when you are on-line you are representing Clunes Primary School.
4. **Privacy** – don't include any personal information like your full name, home address or phone numbers. Let your teachers know if any person is asking for personal information.
5. **Information** – all the information accessed through the internet may not be accurate. Every effort will be made to ensure children develop skills to assist them to validate information.

Signed.....(Student)

I have discussed these guidelines with my child.

Signed.....(Parent/Guardian)

**8. CONSENT FORM—HEAD LICE INSPECTIONS**

Throughout your child’s schooling, the school will be arranging head lice inspections of students. The management of head lice infestation 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. Persons authorised by the school principal may also visually check your child’s hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child’s head during the visual check.

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/carers.

Please note that health regulations require that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an ‘action taken form’, which requires parents/guardians/carers to nominate if and when the treatment has started.

I hereby give my consent for the above-named child to participate in the school’s head lice inspection program for the duration of their schooling at this school.

Signed.....(Parent/Guardian)

**9. STUDENT MEDICAL DETAILS**

*Please read this section carefully to assist us to provide the best care for your child.*

I wish to update the medical details given for my child. YES/NO (Please Circle). If yes, please outline any changes to your child’s health status and/or medication, which the school should be aware of.

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.....  
.....

I understand it is my responsibility to inform the school of any medication/management plans for my child, e.g. Asthma, Attention Deficit Disorder, etc

Signed.....(Parent/Guardian)

**10. SCHOOL INJURIES AND INSURANCE**

In the event of your child injuring themselves at school the following process will take place. Basic first aid will be administered. If required parents or emergency contacts will be contacted. Parents and guardians are generally responsible for paying the cost of medical treatment for injured students, including transport costs. Most medical costs will be refundable by Medicare. If you are a member of an ambulance or health insurance fund, you may also be able to claim transport or other expenses from the fund. Please note the Clunes Primary School's First Aid Policy is available for parents to peruse at any time.

I understand it is my responsibility to cover the costs of medical treatment for my child.

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

**11. CHANGES TO THIS AGREEMENT**

I understand it is my responsibility to let the school know of any changes I may wish to make to this agreement in the future.

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

**Privacy Information**

The primary purpose of collection of personal information of students and parents is to assist Clunes 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 directly related secondary purpose, unless agreed otherwise or under law.