STUDENT NAME ........................................... YEAR LEVEL .....................

PARENT SKILLS/ASSISTANCE - optional
Parents have skills in areas ranging from professional to recreational. Your skills could provide a valuable resource to our students and school. We invite you to list any area of assistance for which we can approach you if needed.
Profession ___________________________ Other areas of interest ___________________________

RECEIVING NEWSLETTERS VIA E-MAIL
Would you prefer the fortnightly school newsletter to be sent to you via e-mail rather than in hard copy?

E-mail address ................................................................. YES ☐ NO ☐

TELEPHONE NUMBER
Do you wish to share your family telephone numbers with other members of the school community?

YES ☐ NO ☐

LOCAL WALKING EXCURSIONS
Class teachers may choose to take their class outside the school grounds on walks for educational purposes.

My child may participate on local walks under teacher supervision. YES ☐ NO ☐

HEAD LICE
Head lice outbreaks are difficult to contain if a small number of students in a class have head lice, which is undetected. Staff and parents can best eradicate head lice by working together.

My child may have their hair checked by a staff member if head lice are suspected in his/her class. YES ☐ NO ☐

PHOTOS, VIDEOS, NEWSPAPER ARTICLES
My child and his/her work may be photographed or videoed, to be used by the school for public relations, educational and/or newsworthy purposes.

YES ☐ NO ☐

PASTORAL CARE WORKER
I give consent for my child to seek and obtain individual personal assistance from the Pastoral Care Worker at Heathfield Primary School.
I understand that teachers retain over-riding duty of care for students. Therefore Cathy is required to confidentially inform teaching staff of all matters related to duty of care and student learning, health and wellbeing and will ensure my child is aware of the scope and limits of privacy and confidentiality in any conversation at which a teacher is not present. I am aware that Cathy is a mandated notifier in relation to child protection.

YES ☐ NO ☐

LIBRARY FACILITIES
Students at HPS have access to library borrowing during the year and they are issued with individual library cards.
If books are lost, we ask for a nominal fee of $10 so that we are able to replace the item.
I agree to payment of $10 per book should a library book be lost by my child

YES ☐ NO ☐

Parent/Guardian Signature: .................................................................

Name in full ................................................................. Date: ..............................