

Cobden

Primary School

Enrolment Forms



care respect excellence

Cobden Primary School
Silvester Street Cobden 3266



5595 1087



cobden.ps@education.vic.gov.au



www.cobdenps.vic.edu.au



Dear Parents and Carers,

Thank you for selecting Cobden Primary School for your child, we welcome you to our school community. Our school environment provides a safe and caring place for students to engage in many learning and social activities.

The following enrolment forms are required to be filled out accurately and completely and returned to school. Should your child require an **Asthma Care Plan** they can be obtained from the school office and must be **completed and signed by a doctor** at the commencement of each school year.

Children commencing school must be 5 years of age by the 30th April of that year for a child to be enrolled. The parent or guardian is required by law to produce evidence of the child's date of birth in the form of **an official birth certificate. An immunisation status certification is also required** on enrolment. This can be the certificate sent to you from the Australian Childhood Immunisation Register, or one obtained from the council offices is acceptable.

To apply for school bus travel please complete an **Application for Permission to Travel** form, which can be obtained from the school office. Bus travel is free if Cobden Primary School is the nearest state school to your address.

Should you require further information about our school, please feel free to contact me personally at school or by phone. We have a proud reputation for making families feel welcome and very much part of our school.

Kind Regards,

A handwritten signature in blue ink that reads "Clare E. Monk".

Clare Monk
Principal

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PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

GROUP A Senior management in large business organisation, government administration and defence, and qualified professionals

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator

Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)

Defence Forces Commissioned Officer

Professionals - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
- *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- *Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

GROUP B Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)

Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)

Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
- *Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- *Defence Forces* senior Non-Commissioned Officer

GROUP C Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

Clerks (bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

Skilled office, sales and service staff:

- *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
- *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP D Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production / processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants and other assistants:

- *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- *Sales* (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- *Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

- *Defence Forces* - ranks below senior NCO not included above
- *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- *Other worker* (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

COBDEN PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION	Computer Generated Student ID:	
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STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:		Title: (Miss Ms Mr)	
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Sex (tick):	Male	Female	Birth Date: (dd-mm-yyyy) _____ / _____ / _____
Student Mobile Number:			

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details	
Suburb:	
State:	Postcode:
Telephone Number	Silent Number: (tick) Yes No
Mobile Number:	Fax Number:

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:	
Year Level	Home Group	Timetabling Group	House	Campus	
Student Email Address:					
Immunisation Certificate Status?: (tick)		<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	Not sighted	
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the student have a Disability ID Number? (tick)		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:	

FAMILY DETAILS

List any other family members attending this school:

❖ This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

As the School Start Bonus will be sent to the 'Primary Carer' of Prep and Year 7 students, it is imperative that the legal surname, legal first name and legal second name are recorded.

ADULT A DETAILS (PRIMARY CARER):

Sex (tick):	Male	Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult A's occupation?		
Who is Adult A's employer?		
In which country was Adult A born?	Australia	Other (please specify):
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)	No, English only	Yes (please specify):
Please indicate any additional languages spoken by Adult A:		
Is an interpreter required? (tick)	Yes	No
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)	Year 12 or equivalent	Year 11 or equivalent
	Year 10 or equivalent	Year 9 or equivalent or below
❖ What is the level of the highest qualification the Adult A has completed? (tick one)	Bachelor degree or above	Advanced diploma / Diploma
	Certificate I to IV (including trade certificate)	No non-school qualification
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in paid work for the last 12 months, enter 'N'. 		

ADULT B DETAILS:

Sex (tick):	Male	Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult B's occupation?		
Who is Adult B's employer?		
In which country was Adult B born?	Australia	Other (please specify):
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)	No, English only	Yes (please specify):
Please indicate any additional languages spoken by Adult B:		
Is an interpreter required? (tick)	Yes	No
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)	Year 12 or equivalent	Year 11 or equivalent
	Year 10 or equivalent	Year 9 or equivalent or below
❖ What is the level of the highest qualification the Adult B has completed? (tick one)	Bachelor degree or above	Advanced diploma / Diploma
	Certificate I to IV (including trade certificate)	No non-school qualification
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.		
<ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in paid work for the last 12 months, enter 'N'. 		

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information

Main language spoken at home:	Preferred language of notices:
Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)	Adult A Adult B Both Neither

PRIMARY FAMILY CONTACT DETAILS

Adult A Contact Details:

Business Hours:

Can we contact Adult A at work? (tick)	Yes	No
Is Adult A usually home during business hours? (tick)	Yes	No
Work Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult A usually home AFTER business hours? (tick)	Yes	No
Home Telephone No:		
Other After Hours Contact Information:		
Adult A's preferred method of contact: (tick one)		
Mail	Email	
Email address:		

Adult B Contact Details:

Business Hours:

Can we contact Adult B at work? (tick)	Yes	No
Is Adult B usually home during business hours? (tick)	Yes	No
Work Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult B usually home AFTER business hours? (tick)	Yes	No
Home Telephone No:		
Other After Hours Contact Information:		
Adult B's preferred method of contact: (tick one)		
Mail	Email	
Email address:		

PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street or PO Box		
Suburb:		
State:	Postcode:	

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name	Individual or Group Practice: (tick)	Individual	Group
No. & Street or PO Box No.:			
Suburb:			
State:	Postcode:		
Telephone Number	Fax Number		
Current Ambulance Subscription: (tick)	Yes	No	Medicare Number:

PRIMARY FAMILY EMERGENCY CONTACTS:

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				
3				
4				

PRIMARY FAMILY BILLING ADDRESS:

Write "As Above" if the same as Family Home Address

Billing Email Address:			
No. & Street or PO Box:			
Suburb:			
State:		Postcode:	

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: (tick one)	Parent	Step-Parent	Adoptive Parent
	Foster Parent	Host Family	Relative
	Friend	Self	Other
Relationship of Adult B to Student: (tick one)	Parent	Step-Parent	Adoptive Parent
	Foster Parent	Host Family	Relative
	Friend	Self	Other

The student lives with the Primary Family: (tick one)				
Always	Mostly	Balanced	Occasionally	Never

Send Correspondence addressed to: (tick one)	Adult A	Adult B	Both Adults	Neither
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NOTE: Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the Camps, Sports & Excursions Funding. Information on eligibility and application forms are available from the school office.

DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
Australia	Other (please specify): _____
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) _____ / _____ / _____	
What is the Residential Status of the student? (tick)	Permanent Temporary
Basis of Australian Residency:	
Eligible for Australian Passport	Holds Australian Passport
Holds Permanent Residency Visa	
Visa Sub Class:	Visa Expiry Date: (dd-mm-yyyy) _____ / _____ / _____
Visa Statistical Code: (Required for some sub-classes)	
International Student ID : (Not required for exchange students)	
❖ Does the student speak a language other than English at home? (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)	
No, English only	Yes (please specify): _____
Does the student speak English? (tick)	Yes No
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
No	Yes, Aboriginal
Yes, Torres Strait Islander	Yes, Both Aboriginal & Torres Strait Islander
What is the student's living arrangements? (tick one):	
At home with TWO Parents/ Guardians	State Arranged Out of Home Care # (See Note)
At home with ONE Parent/ Guardian	Homeless Youth
Independent	

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

Beginning of journey to school:	Map Type	Melway / VicRoads / Country Fire Authority / Other		
Map Number	X Reference	Y Reference		
Usual mode of transport to school: (tick)				
Walking	School Bus	Train	Driven	Taxi
Bicycle	Public Bus	Tram	Self Driven	Other
If student drives themself to school:	Car Reg. No.		Distance to School in kilometres:	

Student's Religion:
Will the student participate in Religious Instruction classes? (tick) Yes No

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

SCHOOL DETAILS

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of previous School:	
Years of previous education:	What was the language of the student's previous education?
Does the student have a Victorian Student Number (VSN)? <input type="checkbox"/> Yes. Please specify: _____ <input type="checkbox"/> Yes, but the VSN is unknown No. The student has never been issued a VSN.	
Years of interruption to education:	Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No If No , what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)	
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information (<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>).

Enrolment conditions

OFFICE USE ONLY

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?	Yes	No		
Is there an Access Alert for the student? (tick)	Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	No (If No, move to the immunisation / medical condition details questions.)		
Access Type: (tick)	Court Order	Family Law Order	Restraining Order	Other
Describe any Access Restriction:				
Is there an Activity Alert for the student? (tick)	Yes	No		
If Yes, then describe the Activity Restriction:				

OFFICE USE ONLY

Current custody document placed on student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

STUDENT MEDICAL DETAILS

Medical Condition Details:

Does the student suffer from any of the following impairments? (tick)	Hearing:	Yes	No	Vision	Yes	No
	Speech:	Yes	No	Mobility:	Yes	No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					Yes	No

Asthma Medical Condition Details:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

Please indicate if the student suffers from any of the following symptoms: (tick)		If my child displays any of these symptoms please: (tick)				
Cough		Inform Doctor	Yes	No		
Difficulty Breathing		Inform Emergency Contact	Yes	No		
Wheeze		Administer Medication	Yes	No		
Exhibits symptoms after exertion		Other Medical Action	Yes	No		
Tight Chest		If yes, please specify:				
Has an Asthma Management Plan been provided to School?					Yes	No
Does the student take medication? (tick)	Yes	No	Name of medication taken:			
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)			Preventative	Response		
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:				
Medication is usually administered by: (tick)		Student	Nurse	Teacher	Other	
Medication is stored: (tick)		with Student	with Nurse	Fridge in Staff Room	Elsewhere	
Dosage time	Reminder required? (tick)		Yes	No	Poison Rating	

Other Medical Conditions

(More copies of the other medical condition forms are available on request from the school.)

Does the student have any other medical condition? (tick)					Yes	No
If yes, please specify:						
Symptoms:						
If my child displays any of the symptoms above please: (tick)						
Inform Doctor	Yes	No	Inform Emergency Contact	Yes	No	
Administer Medication	Yes	No	Other Medical Action	Yes	No	
If yes, please specify:						
Does the student take medication? (tick)		Yes	No	Name of medication taken:		
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)			Preventative	Response		
Indicate the usual dosage of medication taken:			Indicate how frequently the medication is taken:			
Medication is usually administered by: (tick)		Student	Nurse	Teacher	Other	
Medication is stored: (tick)		with Student	with Nurse	Fridge in Staff Room	Elsewhere	
Dosage time	Reminder required? (tick)		Yes	No	Poison Rating	

STUDENT DOCTOR DETAILS

The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

Doctor's Name:	
Individual or Group Practice: (tick)	Individual Group
No. & Street or PO Box No.:	
Suburb:	
State:	Postcode:
Telephone Number	Fax Number
Student Medicare Number:	

STUDENT EMERGENCY CONTACTS

This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

	<i>Name</i>	<i>Relationship</i> (Neighbour, Relative, Friend or Other)	<i>Language Spoken</i> (If English Write "E")	<i>Telephone Contact</i>
1				
2				

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.

I certify that the information contained within this form is correct.

Signature of Parent/Guardian:

Date: ____ / ____ / ____

Local Excursions 2023

Excursions play a vital role in your child's education at Cobden Primary School. We are required by law to have a parent permission form for all excursions undertaken at this school.

To minimise the number of forms going home we are requesting that you sign a "blanket" Local Excursion Permission Form which will cover all excursions within the town area where no transport is required. For all other excursions and camps, individual notes and forms will be sent home.

Local Excursion Permission Form 2023

I give permission for my child

to take part in all local excursions during 2023.

I authorise the Teacher-in-charge, where it is impractical to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

YEAR LEVEL _____

SIGNED: _____

DATE: _____

(Parent/Guardian/Carer)

Consent Form To Conduct Head Lice Inspections

Permission to cover the duration of the student's schooling

Throughout your child's schooling, the school will be arranging 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.

The inspections of students will be conducted by a trained person approved by the Principal and School Council.

Before any inspections are conducted the person conducting the inspections will explain to all students what is being done and why. It will be emphasised to students that the presence of head lice in their hair does not mean that their hair is any 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 a visual check.

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/guardians/carers.

Please note that health regulations requires 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.

Parent/Guardian/Carer full name: _____

Address: _____

Post code : _____

Name of child attending the school: _____

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 Cobden Primary school.

Signature of Parent/Guardian/Carer: _____ Date _____

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.

Permission Letter for Publication/Screening of Student's Work and/or Photographs/Visual Images

The School requests your permission for photographs or visual images of your child to be taken or filmed during school activities. This would be for the purpose of educating students, promoting the school, or promoting public education. The School also requests your permission for the school to publish and screen photographs, visual images and samples of your child's work.

If you give your permission, the school may publish and screen, in a variety of ways, photographs and visual images of your child as well as samples of work done by your child.

The publications/screenings could include, but are not limited to:

1. School newsletters online (Facebook/Skoolbag App), in hard copy and the school's website (www.cobdenps.vic.edu.au)
2. Cobden Primary School Facebook Page
3. Public meetings held for the general promotion of public education and the school (examples include: school concerts, information nights)
4. The Department of Education and Training internet or intranet websites, school annual magazines, reports and local newspapers

If published or screened, third parties would be able to view the photographs, visual images and work samples.

If you sign this form, it means that you agree to the following:

1. The school is able to publish photographs of your child and samples of your child's work as many times as it requires in the ways mentioned above.
2. The school is able to screen at public meetings held for the general promotion of public education and the school, videos, films or DVD's that contain visual images of your child.
3. Your child's photograph and visual image may be reproduced either in colour or in black and white.
4. The school will not use your child's photograph, visual image or samples of your child's work for any purpose other than for the education of students, or for the general promotion of public education and the school.

Any photographs taken and visual images filmed by the school will be kept for no longer than is necessary for the above-mentioned purposes and will be stored and disposed of securely. Whilst every effort will be made to protect the identity of your child, the Department of Education and Training cannot guarantee that your child will not be able to be identified from any photographs, visual images or work samples. If you agree to permit the school to take photographs or film visual images of your child and to have these published or screened, in the manner detailed above, please complete the consent form and return it to the school. Similarly, if you also agree to have samples of your child's work published or screened in the manner detailed above, please complete the consent form.

This consent form, when signed, will remain effective until such time as you advise the school otherwise.

Students Name: _____

Consent Form for Publication of Students' Work or Photographs/Visual Image

I agree, subject to the conditions set out above, to the taking of photographs and/or the filming of my child during school activities, to be used by the school in educating students and promoting the school and public education. I also agree to photographs and visual images of my child as well as samples of work produced by them being published and screened:

Please sign the box where consent is given

- i. ...in the school's newsletter and other school publications
- ii. ...in the local newspaper or other newspapers as authorised by the principal
- iii. ...on the following websites/social media now and when developed
 - The school website
 - Cobden Primary School Facebook Page
 - The Department of Education & Training website
- iv. ...at public meetings where videos, films and DVD's displaying visual images of my child will be used in the presentation

Commemorative Clothing

If you agree to have your child's name printed on any commemorative clothing that the school may choose to design and distribute, could you please sign the box below.

Please sign the box where consent is given

- v. I agree to my child's name being printed on any commemorative piece of clothing, designed and distributed by the school to promote the school and public education

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Parent/Guardian/Carer Consent

I agree to notify the school if I decide to withdraw my consent.

Student's Name: _____

Date: _____


Signature of Parent/Guardian/Carer: _____

Cobden



Primary School

Cobden Primary School
Silvester Street Cobden 3266

 5595 1087

 cobden.ps@education.vic.gov.au

 www.cobdenps.vic.edu.au