Boonah State School
Parental/Carer Permission Form

FAMILY NAME	

Student Name		YEAR LEVEL	
Student Name		YEAR LEVEL	
Student Name		YEAR LEVEL	
Student Name		YEAR LEVEL	

Parent/Caregiver Name/s	Preferred Mobile Number To contact for absences etc: ＿ ＿ ＿ ＿ ＿ ＿ ＿ ＿ ＿ ＿

Absences	I understand that my child/ren are required to attend school every lesson, every day. In the case of an absence from school, a note, phone call or SMS message is required from the parent/carer in order to explain absences. I will endeavour to make all appointments for my child/ren, where possible, during non-class times. I understand that all students must sign in and out of the school via the Office if late or leaving early with a parent/carer.	☐ **Yes**
Dress Code	I understand that Boonah State School is a uniform school and that all students are expected to wear the uniform as stipulated in the Uniform Policy	☐ **Yes**

Internet Usage	**STUDENT INTERNET USE**
	Each year students in Year 4 to 6 are reminded of the following rules relating to their use of the internet.
	1. I understand that the Internet can connect me to useful information stored on computers around the world.
	2. While I have access to the Internet:
	3. I will use it only for educational purposes.
	4. I will not look for anything that has been banned by a teacher, is illegal, dangerous or offensive.
	5. If I accidentally come across something that is illegal, dangerous or offensive, I will:
	  ➢ Clear any offensive pictures or information from my screen; and
	  ➢ Immediately and quietly, inform my teacher.
	6. I will not reveal home addresses or phone numbers – mine or anyone else's.
	7. I will not use the Internet to annoy or offend anyone else.
	8. I understand that if the school decides I have broken these rules, appropriate action will be taken.
	9. Possible detentions and/or loss of my Internet access time will result with incorrect use of the Internet.
	
	PARENT GRANTING INTERNET PERMISSION FOR STUDENT
	I understand that the Internet can provide students with valuable learning.
	I also understand that it gives access to information on computers around the world; that the school cannot control what is on those computers; and that a very small part of that information can be illegal, dangerous or offensive.
	I accept that, while teachers will always exercise their duty of care, protection against exposure to harmful information should depend finally upon responsible use by students.
		☐ **Yes**

Court Order	I have provided a current copy of any court orders.	☐ **Yes**
School Newsletter	I wish to access the school newletter via email. My email address is:	☐ **Yes**
Financial Responsibility	All expenses incurred by the student, including but not limited to excursions, incursions, camps, and Student Resource Scheme, are 100% the financial responsibility of the enrolling parent. Invoices are generated in the name of the parent with the financial responsibility and I acknowledge that students will be unable to participate in activities or events unless payment has been received by the advertised due date.	☐ **Yes**
Medical: ☐ *Asthma ** ☐ *Anaphylaxis *** ☐ *Epilepsy *** ☐ *Diabetes *** ☐ *Other:*	*Students with these conditions must provide a current Asthma Action/Care Plan completed by a medical practitioner (valid for 12 months). In date, prescribed Ventolin and a Spacer must also be provided to the school office. **Students with these conditions must provide a Medical Management Plan including any prescribed medication and/or diabetic kit. Parent/Caregivers are to complete a "Nursing Referral Form for Anaphylaxis, Epilepsy, Diabetes or Other".	☐ **Yes**

Parent/Carer (Name) …………………………………………………………… Parent/Carer's Signature ………………………………………………… Date ……/……/……

Principal (Name) MARK WINROW   Principal's Signature ………………………………………………… Date ……/……/……

'Strive to Excel'