

APPLICATION TO CAPS COOLGARDIE

- This is an application form only and should not be taken to mean that enrolment will automatically follow.
- THIS FORM AND SUPPORTING DOCUMENTS MUST BE COMPLETED IN FULL BEFORE WE CAN CONSIDER YOUR APPLICATION.
- Please enclose previous school reports and other information that may be helpful to teachers in working with your child.
- On acceptance of enrolment, student fees (and boarding fees for hostel students) will be for each academic term. They are non-refundable once the student commences at CAPS Coolgardie.

CONDITIONS OF ENROLMENT:

Enrolment at CAPS Coolgardie is subject to acceptance of the following conditions and terms:

- That parent/carers agree to the students fully sharing in the life and program of the school including Christian Education and Physical Education.
- That parent/carers support the aims of the school's attempt to order their own lives at home to allow students to discover God as part of their journey in life.
- That parent/carers provide their children with the correct uniform approved by the school and to ensure that children are sent to school neatly and modestly dressed in the acceptable uniform.
- That the parent/carers agree to pay all fees and uniform costs as determined by the school board. The fees are payable in advance by the end of the first full week of term and where payment is not made within seven days of receipt of account, a late payment charge may be levied. (Note: In cases where this requirement would cause hardship, alternative arrangements may be discussed with the principal)
- That parent/carers direct ABSTUDY to be paid directly to CAPS Coolgardie for any tuition, clothing, boarding and books allowance which may be claimed. If your family is under the care of DCP please advise us of who your case worker is so all costs can be forwarded to the department.
- That parent/carers accept the right of the school to employ discipline as is wise and expedient for the child and agree to uphold in every way possible the school's authority to administer discipline in accordance with the school policies.
- That parent/carers give permission for authorities at CAPS Coolgardie to supervise the health and hygiene of their child at school. This includes any ear, eye or health checks that the school nurse may carry out during school hours.
- That parent/carers agree to other terms and conditions that may apply specifically to their child as discussed with the principle or his/her nominee.
- That the school may suspend or terminate a student's enrolment at its discretion for failure to comply with these conditions or for other serious breaches of school policies and regulations.
- If any students are excluded from school during the term and the Board makes the decision that a student must return home, parent/carers must meet the full cost of the travel if Abstudy does not.
- That the parent/carer agree that the school may request a urine analysis (from a local doctor) at any time while the student is at Coolgardie CAPS.
- That smoking and the consumption of alcohol is not permitted during the duration of the student's enrolment at the school.
- That CAPS Coolgardie does not encourage boy-girl relationships while the students are at the school, and students may not have physical contact with the opposite sex.

- That students are not permitted to bring or obtain 18+ cards whilst at CAPS Coolgardie. 18+ cards that are brought to CAPS Coolgardie will be confiscated and returned on student's departure.
- As the parent/guardian I give the right for CAPS to disclose my child's birth date for the sole purpose of participating in a sporting competition.
- As the parent/guardian I give permission for my child to be included in publications for the school.

I/We accept the conditions of enrolment at CAPS Coolgardie as set out above and hereby apply to have

(Student Name) enrolled at CAPS Coolgardie.

Signature: Father/Guardian

Signature: Mother/Guardian

Date:

PARENTS'/GUARDIANS' COMMITMENT

We fully commit to CAPS Coolgardie by:

- a. Making sure our child arrives at CAPS every day by 8:50 A.M. (High School) or 8:50 P.M.(Primary) but no earlier (Mon. - Fri.), or boards their bus at the scheduled time.
- b. Making arrangements for your child to come to CAPS tutoring programs or enrichment programs on selective days at 3:30 P.M. and remaining until 4:30 P.M.
- c. Ensuring that your child attends CAPS leadership camps.
- d. Always helping your child in the best way we know how and doing *whatever it takes* for him/her to learn. This also means that we will check our child's homework every night, let him/her contact the teacher the next day if there is a problem with the homework, and try to read with him/her every night.
- e. Parents to commit to ensuring students attend ODE camps and school performances.
- f. Parents to be committed to attending parent/meetings as requested.
- g. Making ourselves available to our children, the school, and any concerns they might have. This also means that if our child is going to miss school, we will notify the school as soon as possible, and we will read carefully all the papers that the school sends home to us.
- h. Allowing our child to go on CAPS field trips.
- i. Making sure our child follows the CAPS dress code.
- j. Understanding that our child must follow the CAPS rules so as to protect the safety, interests, and rights of all individuals in the classroom.
- k. Understanding that CAPS has a zero tolerance policy for fighting and bullying.
- l. Attending Busy Bees or fundraising events.

By enrolling my son/daughter/guardian, I/we, _____

(Parent Names) commit to making my/our best effort to do these things to provide my/our child with the opportunities he/she deserves.

Please sign here:

X _____ Date _____

X _____ Date _____

STUDENT'S COMMITMENT

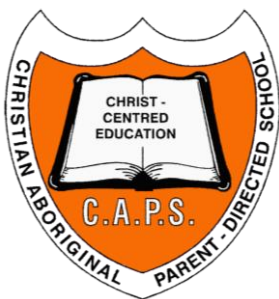
I fully commit to CAPS Coolgardie by:

- a. Arriving at CAPS every day by 8:20 A.M. (High School) or 8:50 A.M. (Primary) but no earlier than that (Mon. - Fri.), or boarding the CAPS bus at the correct time.
- b. Remaining at CAPS until 3:00 (Monday – Thursday) and 1:10 on Fridays.
- c. Attending the CAPS tutoring programs and enrichment programs on selective days at 3:00 P.M. and remaining until 4:30 P.M.
- d. Making myself available for leadership camps.
- e. Parents to commit to ensuring students attend ODE camps and school performances
- f. Always working, thinking, and behaving in the best way I know how and doing *whatever it takes* for me and my fellow students to learn. This also means that I will complete all my homework every night. I will ask my teachers if I have a problem with the homework or a problem with coming to school, and I will raise my hand and ask questions in class if I do not understand something.
- g. Always making myself available to parents, teachers, and any concerns they might have. If I make a mistake, this means I will tell the truth to my teachers and accept responsibility for my actions.
- h. Always behaving so as to protect the safety, interests, and rights of all individuals in the classroom. This also means that I will always listen to all my CAPS teammates and give everyone my respect.
- i. Understanding that there is a strict NO FIGHTING and bullying policy.
- j. Following the CAPS dress code.
- k. Being responsible for my own behavior and following the teachers' directions.

I, _____ (Student name), commit to making my best effort to do these things to provide myself and my school mates with the opportunities we deserve.

Please sign here:

X _____ Date _____



Student Details

(Your child's details only)

PLEASE DO NOT LEAVE BLANKS, USE N/A IF NEEDED

Please

Insert

Photo

Surname:		Middle Name:		First Name:	
DOB:		Year Level:		SCSA No (K-10):	
				USI: (11-12)	
Address:					
Town:				Post Code:	
Gender: Male () Female ()		Mobile:			
Email Address:					
Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Non-Indigenous <input type="checkbox"/>					
If Non-Indigenous, Country of Birth:			Language Spoken at Home:		
Resident Status: Australian Citizen: <input type="checkbox"/>		Permanent Resident: <input type="checkbox"/>		Temporary Resident: <input type="checkbox"/>	
Temporary resident Primary Visa Holder: Name: _____					
Phone: _____ Email: _____					
Visa Number: _____					
PLEASE ATTACH A COPY OF VISA <input type="checkbox"/>					
Centrelink Customer Reference Number (CRN): (if applicable)					
Medicare #:		Health Care Card #:			
Name of previous School:				State:	
School Phone No:		School Email:			
Reason for moving schools:					
Please attach a copy your child immunisation records: <input type="checkbox"/>					
Has the student ever been involved with the police/juvenile court system? Yes : <input type="checkbox"/> No: <input type="checkbox"/>					
If Yes, please provide details:					
Do you give the Principal/enrolments officer permission to contact previous school if considered necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Any other relevant family agencies involved? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, Name:		Contact:			
Name:		Contact:			
TRUSTS AND OR FOUNDATIONS?: Please tick which applicable: <input type="checkbox"/> Martu Charitable Trust					
<input type="checkbox"/> Wongatha Peoples Education and Recreation Trust		<input type="checkbox"/> Ngadju Charitable Trust			
<input type="checkbox"/> Gumala Aboriginal Corporation		<input type="checkbox"/> Wongatha Education Trust – Carey			
<input type="checkbox"/> Other: Name: _____		Contact Details: _____			
Name: _____		Contact Details: _____			
If you have ticked any of the above an application will need to be completed relevant to the trust. Thanks.					
Is student eligible to apply for Abstudy? <input type="checkbox"/> Yes <input type="checkbox"/> No.					
Does the student already have a Tax File Number if 16 or over? <input type="checkbox"/> No. <input type="checkbox"/> Yes - TFN #: _____					

Emergency Details

First Contact

Title:	Last Name:	First Name:	
Phone:	Work:	Mobile	

Second Contact

Title:	Last Name:	First Name:	
Phone:	Work:	Mobile	

Parent/Guardian Details PLEASE DO NOT LEAVE BLANKS, USE N/A IF NEEDED

Student lives with: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/>	
Neither Parent <input type="checkbox"/> - please specify relationship: (Aunty, Grandparent etc.) _____	
Access restrictions: Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) If Yes, please attach relevant court documents	
MCCEEYA DATA COLLECTION: THE FOLLOWING INFORMATION MUST BE COMPLETED AS IT IS A COMMONWEALTH GOVERNMENT REQUIREMENT!	
Father / Stepfather / Guardian	Mother / Stepmother / Guardian
Surname:	Surname:
Given name(s):	Given name(s):
Title (e.g. Mr, Mrs, Ms, Dr):	Title (e.g. Mr, Mrs, Ms, Dr):
Occupation:	Occupation:
Name of workplace for contact in school hours:	Name of workplace for contact in school hours:
Work Telephone/Mobile telephone at work:	Work Telephone/ Mobile telephone at work:
Country of birth	Country of birth
Nationality	Nationality
What language do you speak at home? (please tick) • Aboriginal English • English • Other _____	What language do you speak at home? (please tick) • Aboriginal English • English • Other _____
Resident Status: Australian Citizen: <input type="checkbox"/> Permanent Resident: <input type="checkbox"/> Temporary Resident: <input type="checkbox"/> Temporary resident Primary Visa Holder: Name: _____ Phone: _____ Email: _____ Visa Number: _____	Resident Status: Australian Citizen: <input type="checkbox"/> Permanent Resident: <input type="checkbox"/> Temporary Resident: <input type="checkbox"/> Temporary resident Primary Visa Holder: Name: _____ Phone: _____ Email: _____ Visa Number: _____
PLEASE ATTACH A COPY OF VISA <input type="checkbox"/>	PLEASE ATTACH A COPY OF VISA <input type="checkbox"/>
What is the highest year of primary or secondary school the parent or guardian has completed? *For persons who have never attended school, tick 'Year 9 or equivalent or below' Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>	What is the highest year of primary or secondary school the parent or guardian has completed? *For persons who have never attended school, tick 'Year 9 or equivalent or below' Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/>
What is the level of the highest qualification the parent or guardian has completed? (Mark one box only.) Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	What is the level of the highest qualification the parent or guardian has completed? (Mark one box only.) Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> No non-school qualification <input type="checkbox"/>

What is the occupation group of the parent or guardian?
Please select the appropriate parental occupation group from
the list below and write the number in the box provided.

- 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 the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box provided.

What is the occupation group of the parent or guardian?
Please select the appropriate parental occupation group from
the list below and write the number in the box provided.

- 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 the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter '8' in the box provided.

Parent Occupation Groups

If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation.
If you have not been in paid in the last 12 months, enter '8'.

Group 1	Group 2	Group 3	Group 4
<p>Senior Management in large business organisation, government administration & defence and qualified professionals</p> <p>Senior executive/manager/department head in industry, commerce, media or other large organisation</p> <p>Public service manager (section head or above), regional director, health/education/police/fire services administrator</p> <p>Other administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director)</p> <p>Defence Forces Commissioned officer</p> <p>Professionals - generally have a 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</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)</p> <p>Air/sea transport (aircraft/ships captain/officer/pilot, flight instructor, air traffic controller)</p>	<p>Other business managers, arts/media/sportspersons and associate professionals</p> <p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business</p> <p>Specialist manager (finance/engineering/production/personnel/industrial relations/sales/marketing)</p> <p>Financial services manager (bank branch manager, finance/investment/insurance broker, credit/loans officer)</p> <p>Retail sales/services manager (shop, petrol, station, restaurant, club, hotel/motel, cinema, theatre, agency)</p> <p>Arts/media/sports (musician, actor, painter, dancer, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals</p> <p>Health Education, Law, Social Welfare, Engineering, Science, Computing - technical associate professional</p> <p>Business/administration (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager)</p> <p>Defence Forces - senior Non-Commissioned Officer</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p> <p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group</p> <p>Clerks (book keeper, 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, customs services clerk, admissions clerk)</p> <p>Skilled office, sales and Office (secretary, personal assistant, desktop publishing operator, switchboard operator)</p> <p>Sales (Company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)</p> <p>Service (aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer /supervisor.</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p> <p>Drivers, mobile plant, production/processing machinery and other machinery operators</p> <p>Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper)</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office (typist, word processing/data entry/business machine operator, receptionist, office assistant)</p> <p>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)</p> <p>Assistants/aides (trades assistant, school teachers aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)</p> <p>Labourers and related workers</p> <p>Defence Force ranks below senior NCO not included in other groups</p> <p>Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farmhand, nurseryman, horse trainer, green keeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)</p> <p>Other workers (labourer, guard, cleaner, caretaker, laundry worker trolley collector, car park attendant, crossing supervisor)</p>

CAPS – COOLGARDIE MEDICAL RECORD

PLEASE DO NOT LEAVE BLANKS, USE N/A IF NEEDED

Surname:	Middle Name:	First Name:
DOB:	Year:	Today's Date:

Family Doctor Details

Medical Practice or Clinic Name:	
Doctor Name:	Contact Number:

Does your child suffer from any of the problems listed below?

Heart Problems		Allergies	
Respiratory Problems		▪ Food	
▪ Asthma		▪ Drugs	
▪ Other		▪ Ointments	
Sugar Diabetes		▪ Other	
Rheumatic Fever		Anaphylaxis or at risk of anaphylaxis	
Blood Pressure		History of excessive bleeding	
Epilepsy		Hepatitis eg Type A, B or C etc	
Phobias		Bed Wetting	
Ear problems -		Travel Sickness	

Other Medical Details:

MEDICAL ALERT Does your student have a medical alert? Yes ☐ No ☐

Is the alert for any one of the following? (Please tick if relevant)

- ☐ Disability
- ☐ Allergy
- ☐ Other (please specify) _____

Medication:

Is your student on any medications at present? Yes ☐ No ☐

If Yes, Name of Medications and dosage rates:

Prescribed by: _____

ANNEXURE A: HEALTH / MEDICAL CARE CONSENT

PLEASE DO NOT LEAVE BLANKS, USE N/A IF NEEDED

Parental/Guardian Consent:

Father / Stepfather / Guardian	Mother / Stepmother / Guardian
Surname:	Surname:
Given name(s):	Given name(s):

I/We consent as follows:

1. Health checks to be done with the school's Registered Nurse
2. Medical treatment from the Doctors that provide service to CAPS Coolgardie students
3. Emergency treatment, when required
4. If I (the parent/guardian) can't be contacted in an emergency requiring anaesthetic and/or surgery, the Principal, Deputy Principal, Nurse or Hostel Manager may consent to treatment for the health and well-being of my child.
5. Tests and further medical related investigations such as blood tests, x-rays, scans
6. Vaccinations (needles) according to the Childhood Immunisation Schedule
7. Yearly Influenza vaccination or 'Flu Needle'
8. Allowing the Nurse to contact local health clinics to collect health information/history of my student
9. Health professionals to provide / disclose any relevant information of my child's disability or medical conditions to authorities (Principal, Deputy, Nurse or Boarding Manager)
10. Use of the child's ID photo on any health alerts
11. Requesting the release of CPF history
12. Requesting the release of Dept. of Justice/Police Caution history

I/We _____ (Parent/Guardian) give consent to the items mentioned above on this _____ day of _____ 20____ for the school to provide care to my child/ren _____ by authorised staff at CAPS Coolgardie and acknowledge that this consent is valid for the duration of my child's schooling at CAPS Coolgardie.

Signature

Date

I _____ (Student name if over 16) give consent to the items mentioned above on this _____ day of _____ 20____ for the school to provide care to myself by authorised staff at CAPS Coolgardie and acknowledge that this consent is valid for the duration of my schooling at CAPS Coolgardie.

Signature

Date

BUS AGREEMENT



In order to create a safe environment for our CAPS coolgardie students we place importance on a strong discipline policy. This policy must be upheld *at all times* – including on the school bus.

Bus Behavior Expectations

Students at CAPS Coolgardie must recognise that riding in the bus is a privilege, not a right. Therefore, the privilege of riding in the bus to and from school may be denied to any student who consistently misbehaves while on the bus.

- Students are expected to enter the bus quietly and remain in their seat. There will be a designated seating plan for all students.
- Students are not allowed to get up for any reason, until the bus has arrived at a complete stop.
- Students are expected to keep their, comments, hands, and feet to themselves at all times (includes abusive language)
- Students are not allowed to consume any food or drinks in the bus.
- Students are not allowed to destroy or damage bus property.
- Students are expected to maintain conversations at a moderate tone.
- Students are expected not to yell or throw any objects from windows.
- Students are expected to always keep all body parts (arms) inside the bus.

Bus Discipline

Students at CAPS Coolgardie who choose not to follow the bus behavior expectations will receive the following disciplinary actions:

- *1st write-up:* *Warning*
 Letter and Call home to parents
 School Detention
- *2nd write-up:* *Loss of bus riding privileges for 1 full day*
 Letter and Call home to parents
- *3rd write-up:* *Loss of bus riding privileges for 2 full days*
 Conference with parents
- *4th write-up:* *Loss of bus riding privileges for 3 full days*
 Possible permanent loss of all bus riding privileges
 Conference with parents
- *5th write-up:* *Loss of bus riding privileges for remainder of the year.*
 Conference with parents

Write-ups may come from the bus driver and/or any school staff member. Write up will be the result of 3 warning about inappropriate behavior.

Fighting on the bus will result in suspension. If fighting occurs for a second time, bus-riding privileges will be permanently lost.

In addition, any behaviour that disturbs or distracts a bus driver, or causes a dangerous situation for a bus driver and/or students, or that disturbs the orderly operation of a bus, or that creates a dangerous situation for vehicles operating near a bus (including throwing things out of the window or using reflective devices to distract drivers, etc)

Students are expected to be ready on time for pick up. Students will have 3 minutes once the bus arrives to make their way on the bus. Students who are not on time are at risk of being left behind as the school is committed to getting all students at school on time.

Pick up

Students pick up times:

Monday to Friday from 7am

Drop of time

Student dropped off times:

Mondays to Thursday approx. 3:00 to 4:30pm

Fridays approx. 1:10 to 2:40pm

PARENT and STUDENT BUS CODE OF CONDUCT COMMITMENT

In order to create a safe environment for our CAPS coolgardie students we place importance on a strong discipline policy. This policy must be upheld *at all times* –including on the school bus.

I fully commit to CAPS Coolgardie by:-

- ☐ Being ready on time for pick up
- ☐ If I miss the bus, I will make every effort to get to school
- ☐ If I miss the bus I will ring and inform the school of the reason
- ☐ Entering the bus quietly and remaining in my seat
- ☐ Sitting in my designated seating plan
- ☐ Not getting up for any reason, until the bus has arrived at a complete stop
- ☐ Keeping my comments, hands, and feet to myself at all times
- ☐ Not consuming any food or drinks in the bus
- ☐ Not destroying or damaging bus property
- ☐ Maintaining conversations at a moderate tone
- ☐ No yelling or throwing any objects from windows
- ☐ Keeping all body parts, (arms) inside the bus at all times
- ☐ No fighting on the bus
- ☐ Attend school meetings because of behaviour
- ☐ No abusive language towards the bus driver

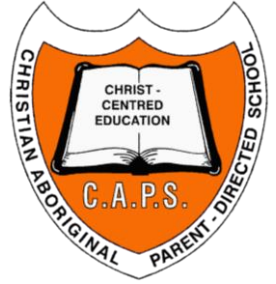
Please sign names here:

Parents _____ Student _____

Date

Date

STUDENT PRIVACY



During the school year, our school takes photographs and videos of our students participating in school activities and other related programs.

Photographs/videos that are captured may be published on a variety of CAPS media platforms such as our website, Facebook and Instagram accounts, newsletters and promotional materials for educational purposes and to promote activities happening in the school and to celebrate our student's achievements. There might also be occasions where our visiting organisations may want to take photos/videos of our students as well.

Please complete the form below:

STUDENT'S FULL NAME: _____

YEAR LEVEL: _____

☐

I/We **GRANT** permission for a photo/video image that includes this student to be shared by CAPS and/or external provider. (Strike out if not applicable)

☐

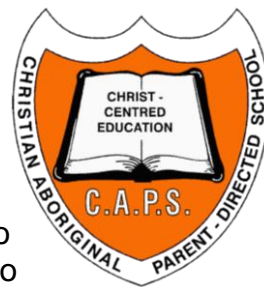
I/We **DO NOT GRANT** permission for a photo/video image that includes this student to be shared by CAPS and/or external provider. (Strike out if not applicable)

NAME OF PARENT/GUARDIAN: _____

SIGNATURE: _____

DATE: _____

EXCURSIONS



One of the aims of CAPS Coolgardie is to provide your child/ren with experiences outside of the classroom to reinforce or compliment what is being taught in the classroom. With this in mind, the School may organise several excursion throughout the year and the purpose of this information is to provide you with some details and to seek your permission for your child/ren to participate in ALL the activities. These may include, but are not limited to; swimming lessons and carnivals, class excursions and sport competitions.

I/We give:

1. Permission for my child named above to attend ALL the excursions and school outings which I understand have been approved by the School Principal,
2. Consent for my child to travel on or in any form of Public or private transport where such transport is deemed by the school to be necessary or desirable for the safe conduct of the excursion,
3. Consent for my child to participate in all activities, outings, trips and functions arranged as part of this excursion,
4. Consent for the school, by its servants or agents:
 - a. To seek such medical or dental advice on behalf of my child as seen fit in the event of an accident or illness, and
 - b. If, in the opinion of the attending medical or dental practitioner or medical officer ('health practitioner') my child requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), to that health practitioner giving such attention or treatment provided that reasonable efforts are made to inform me of any serious injury or illness.
5. Certification that the consent which I have in point 4 is always valid while my child is in the custody of the school while attending or participating in the excursion,
6. Certification that I understand that the school will take reasonable care (a supervisor with first aid qualifications will be in attendance) in the event of my child suffering and accident or illness but that will not be responsible for the costs of any medical or dental attention or treatment administered to my child in such event nor will it be directly responsible for any act or omission of any health practitioner attending or treating my child,
7. Certification that if my child should bring or consume drugs, alcohol or cigarettes or otherwise exhibit behaviour that seriously endangers themselves or others, I will bear the full cost of return transport home of my child and any adult supervisor that may be required to ensure the safety of my child during that transport, and
8. Notification in writing to the class teacher, should there be an occasion where I do not want my child to participate in, before the excursion or outing.

NAME OF PARENT/GUARDIAN: _____

SIGNATURE: _____

DATE: _____

PLEASE NOTE: By signing this document, you agree to abide by the policies and procedures, and the terms and conditions, as approved by the Board of CAPS, which may be altered from time to time.

Interstate

Student Data Transfer Note

Form 1 - Parent/Guardian Consent Form

Schools are required to use the Interstate Student Data Transfer Note (ISDTN) in accordance with the protocols jointly developed and agreed by the Australian Government, State and Territory Education Authorities, the Independent and Catholic education sectors through the Standing Council on School Education and Early Childhood (see: <http://scseec.edu.au>).

Part A – Consent to Transfer Student Data Interstate*

I ☐ do give ☐ do not give

consent for information about my child /children

insert child's name	date of birth [^] / /
insert child's name	date of birth [^] / /
insert child's name	date of birth [^] / /

to be transferred from his/her previous school

to his/her new school

I understand that:

- The principal (or delegate) of my child's new school may request and/or receive information from my child's previous school verbally and/or in writing.
- It may include all details contained on the Interstate Student Data Transfer Note.
- Additional information may be required by my child's new school. This information will only relate to information on the flagged field on the Interstate Student Data Transfer Note.
- The principal (or delegate) of my child's new school may contact the principal (or delegate) of my child's previous school both verbally and/or in writing.
- I can request to see the information that is received from my child's previous school.

I understand that my child's new school will take all reasonable steps to protect the personal information about me/my child from misuse and loss and from unauthorised access, modification or disclosure.

<input type="text"/>	<input type="text" value="/ /"/>
Signature of parent or guardian	Date

Complete Part B if Part A consent is not given

* Parent or student consent is not required for non-government schools to receive student information from a student's previous non-government school if the previous school has a data collection notice which complies with the guidelines in the National Catholic Education Commission and [National Council of Independent Schools' Associations Privacy Compliance Manual 11 December 2001 \(Latest amended version December 2011\)](#) [Section 7.10.1](#)

[†] 'New School' is defined as either the school at which the student is enrolled OR the school at which the student is seeking enrolment. The consent process should be initiated at the point of application for enrolment so that information is received before the enrolment process is finalised.

[^] If the student is 16 years of age or older, student consent should also be sought.

Part B Consent – Consent to Notify Previous School of Enrolment at New School

I	<input type="text" value="insert name"/>	do give <input type="checkbox"/> do not give <input type="checkbox"/>
consent for the principal (or delegate) of		<input type="text" value="new school name<sup>1</sup>"/>
to notify my child's/children's	<input type="text" value="insert name"/>	date of birth [^] / /
	<input type="text" value="insert name"/>	date of birth [^] / /
	<input type="text" value="insert name"/>	date of birth [^] / /
previous school	<input type="text" value="school name and address"/>	
that my child/children is/are now enrolled at the above named school.		
<input type="text"/>		<input type="text" value="/ /"/>
Signature of parent or guardian		Date

Complete Part B if Part A consent is not given

- * Parent or student consent is not required for non-government schools to receive student information from a student's previous non-government school if the previous school has a data collection notice which complies with the guidelines in the National Catholic Education Commission and National Council of Independent Schools' Associations Privacy Compliance Manual 11 December 2001 (Latest amended version December 2011), Section 7.10.1.
- ¹ 'New School' is defined as either the school at which the student is enrolled OR the school at which the student is seeking enrolment. The consent process should be initiated at the point of application for enrolment and therefore information can be received before the enrolment process is finalised.
- [^] If the student is 16 years of age or older, student consent should also be sought.



Additional information

Name of person enrolling student: (if different from Parent/Guardian above)
Phone contact:
Relation or Name of agency:
Name of person helping with enrolment (If applicable):
Phone contact:
Name of agency: