



COOMERA SPRINGS STATE SCHOOL ENROLMENT AGREEMENT 3: PERMISSIONS FORM

All of our school policies are available on our school website. Copies are also available on request at our school front office. Our Principal is also available by appointment for further discussion on any of our policies if required.

Student: _____

HEAD LICE

I agree to my child having their hair checked if it is suspected they have head lice, to be contacted to pick them up if necessary, and to appropriately treat their hair prior to returning them to school.

Yes

No

MEDICATION

If my child needs medication while at school, I understand that school staff will only administer over-the-counter medication or prescribed medication if:

- I fully complete a School Medication Form
- I supply written advice from a medical practitioner
- I supply the medication in the original labelled container.

Yes

No

ASTHMA

In relation to Asthma my child is in the following category:

- A.** Child is authorised by parent to self-administer Asthma medication as needed and is also authorised to be responsible for caring for the medication. Please see the Principal (or delegate).
- B.** Child is authorised by parent/guardian to self-administer Asthma medication as needed but with adult supervision. Medication is to be held at office.
- C.** Parent/guardian requires that the child's Asthma medication be held at the office and administered by an adult.
- D.** The child has mild Asthma only. In the event of an attack the child's parent authorises their child to be administered medication by an adult and understands that a parent or other emergency contact will be notified.
- E.** Child does not have Asthma

ANAPHYLAXIS

My child requires an individual Anaphylactic Action Plan.

Yes

No

STUDENT USE OF ICT'S

I understand my child's responsibilities in regards to the use of school ICT devices and access to the Internet. I hereby give my permission for my child to access the Internet under the school rules.

Yes

No

PRIVACY STATEMENT

I am aware of Education Queensland's Privacy Statement.

Yes

No

ELECTRONIC NEWSLETTER

I agree to receive the fortnightly School Newsletter by email. I am aware that I can also collect a paper copy from the school front office.

Yes

No

The email address I would like our family newsletter sent to is: _____

HOMEWORK

I agree to follow the school homework guidelines.

Yes No

STUDENT DRESS CODE and SUN SAFETY

I agree to follow the school Student Dress Code and Sun Safe guidelines.

Yes No

RESPONSIBLE BEHAVIOUR PLAN FOR STUDENTS

I agree to follow the school Responsible Behaviour Plan for Students.

Yes No

SUSPENSIONS/EXCLUSIONS

I have notified the Principal at Coomera Springs State School of any previous Suspensions/Exclusions from any other Educational Institution.

Yes No

RELIGIOUS EDUCATION

Coomera Springs SS offers Cooperative Religious Education for 30 minutes a week during school hours for Year 1-7.

* If you have nominated a Christian religion on your Student Enrolment Form your child will automatically participate in our Cooperative RE program.

* If you have not nominated any religion on your Student Enrolment Form, you may still request your child attends our Cooperative RE program

Yes No

* If you have entered a religion that is not listed as a member of the Cooperative program you may still request your child attends our Cooperative RE program

Yes No

CHANGE OF PERSONAL DETAILS

I will notify the School of any changes in personal details (i.e. address, contact phone numbers, etc) immediately so that accurate records can be maintained particularly in case of emergency.

Yes No

I hereby declare that the information given is true and correct as at the date of enrolment.

Signed: _____ Date: ____/____/____
(Student)

Signed: _____ Date: ____/____/____
(Parent/Caregiver)

Signed: _____ Date: ____/____/____
(Coomera Springs State School Administration)



Coomera Springs State School P & C Association

Release of Contact Details

I authorise the school releasing my name and contact details to the P+C. Yes No

Name (please print) _____
(first name) (last name)

Address _____ Postcode _____

☎ (Home) _____ ☎ (Work) _____ (Mobile) _____

Email _____ Date _____

Signature _____

P+C Meetings

Our P+C meets on the first Wednesday of each month at 7pm. Please feel welcome to attend.

P+C Volunteers

Our P+C relies on the voluntary support from our parents to run our Tuckshop and Uniform shop; plus other activities. Would you like a P+C Executive member to contact you to discuss ways you might like to help?

Yes No

P+C Fundraising

I give consent for my child to participate in P+C fundraising activities Yes No

P+C Voluntary Contribution Scheme

\$40.00 per child, per year (maximum \$100.00 per family)

I agree to contribute to this voluntary scheme. Yes No

Preferred Method of Payment

NOW: I wish to make payment in full now (Preferred option by P&C)

OR

INSTALMENTS: I wish to make four equal payments, due on the first day of each term.

Payments may be made by cash or cheque. Cheques should be crossed "Not Negotiable – Account Payee Only" and made out to **Coomera Springs State School P&C Association.**

Office Use Only

Receipt No: _____ Date: _____ / _____ / _____ Initial: _____

Retain and file with banking records