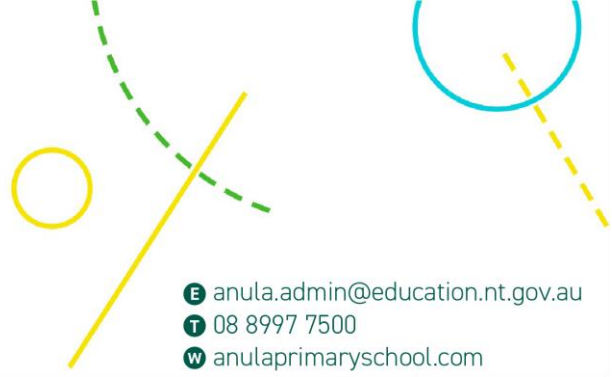


Preschool Enrolment Pack Checklist

- 1. Parent Enrolment Checklist
- 2. Student Enrolment Form
- 3. Supplementary Preschool Enrolment Form
- 4. Authorisation to Collect Form
- 5. Preschool Parent Questionnaire
- 6. Sunscreen Permission Form
- 7. Mosquito Repellent Permission Form
- 8. Barefoot Play Permission Form
- 9. Melioidosis Information Sheet
- 10. Media Consent Form
- 11. IT Acceptable Use Agreement Form
- 12. Seesaw Consent Form
- 13. Newsletter Form
- 14. Parent Code of Conduct Agreement
- 15. Sun Safety Information Sheet
- 16. Oral Health Information Sheet
- 17. After School Care Flyer
- 18. Preschool Handbook



Anula
Primary School



E anula.admin@education.nt.gov.au
T 08 8997 7500
W anulaprimarieschool.com

Dear Parent/Carer,

Thank you for choosing to enrol your child at Anula Preschool and providing us with the following documents:

- Student Enrolment Form – to be completed online <https://enrol.ntschoools.net/>
- Preschool Supplementary Form
- Birth Certificate or Passport
- Immunisation Records
- Proof of Residency
- Authorisation to Collect Form
- Parent Questionnaire
- Sunscreen Permission Form
- Mosquito Repellent Permission Form
- Barefoot Play Permission Form
- Media Consent Form
- Seesaw Consent Form
- Newsletter Form
- Parent Code of Conduct Agreement

Additional forms for International Students

- Visa
- Confirmation of Placement or Enrolment from International Services

Please also provide us with any other information you feel is important for us to know about your child.

Many thanks,

Anula Preschool

Supplementary Preschool Enrolment Form

Under the Education and Care Services (National Uniform Legislation) Act (NT) and the Education and Care Services National Regulations, preschool records must include other prescribed information and authorisations in addition to the information currently collected on the standard student enrolment form. The below information must be collected for all children enrolling in preschool.

1. Student details		
Surname		
Given name (First name)		
Preferred name (if different from above)		
2. Authorised nominees (a person who is given permission to collect the child from preschool)		
I would like to provide authorised nominees for my child. (If no, go to question 4)		Yes / No
	Authorised nominee 1	Authorised nominee 2
Relationship to child		
Name in full		
Mobile		
Home phone		
Work phone		
Residential address		
Suburb/town/community		
Postcode		
3. Authorisations for authorised nominees		
I authorise the above listed authorised nominees to give permission for my child in the following circumstances if a parent or guardian cannot be contacted:		
a. Consent to medical treatment of, or the administration of medication to, my child.	Yes / No	
b. Authorise an educator to take my child outside the education and care service premises.	Yes / No	
c. Authorise the preschool to transport, or arrange for transportation of, my child.	Yes / No	

4. Authorisations for Department of Education, principal or school staff	
I authorise the Department of Education, principal or school staff to:	
a. Seek medical treatment for my child from a registered medical practitioner, hospital or ambulance in an event that such action is deemed necessary.	Yes / No
b. Transport my child by ambulance in an event that such action is deemed necessary.	Yes / No
c. Take my child on planned regular outings which have been communicated to me in advance and are a regular part of the educational program. (A separate authorisation will be sought from parents and guardians for one-off type excursions.)	Yes / No
5. Additional medical details	
Does your child have any medical conditions, allergies or health care needs?	Yes / No
<p>If you answered <u>yes</u> to the above question:</p> <ul style="list-style-type: none"> ensure you have provided details in Section 8 of the Student Enrolment Form¹ work with the preschool teacher to develop a Preschool health care plan² for your child. <p>Refer to the Managing health care needs in preschool guidelines³ for further information about how the preschool will manage your child's health care needs.</p>	
Has your child been prescribed medication for a medical condition?	Yes / No
<p>Note that the Education and Care Services National Law requires that a child is unable to attend preschool without their prescribed medication.</p> <p>Refer to the Administration of Medications to students with notified medical conditions policy⁴ for forms and further information.</p>	
Student's Medicare number	
Doctor/medical centre name	
Doctor/medical centre address	
Doctor/medical centre phone	

¹ https://nt.gov.au/_data/assets/pdf_file/0005/208985/student-enrolment-form.pdf

² <https://education.nt.gov.au/policies/preschool-specific-policy>

³ <https://education.nt.gov.au/policies/preschool-specific-policy>

⁴ <https://education.nt.gov.au/policies/health-of-students/medications>

6. Cultural Background	
What is your child's cultural background?	
What is the cultural background of the child's parents (if applicable)?	
7. Special considerations	
Does the preschool need to be aware of any special considerations for your child, for example, cultural requirements, religious requirements, dietary restrictions or additional needs?	Yes / No
If YES, provide details.	
8. Parent signature	
Signature of parent/guardian	
Name in full	
Date	

Office use only	
If the parent has notified that the child has a medical condition, allergy or other health care needs:	
1. Has a member of school staff sighted an existing health care record for the child?	Yes / No
If YES, please provide details	
2. Has a meeting been established with the parent/s to develop a Preschool health care plan?	Yes / No



Preschool Enrolment Form

Students Name: _____

Student Date of Birth: _____

Under the Education and Care Services (National Uniform Legislation) Act and Education and Care Services National Regulations preschool records must include other prescribed information and authorisations in addition to the information currently collected on the standard enrolment form.

Authorisations

1. I authorise the following individuals to collect my child from the Preschool (other than the parent/guardian 1 or parent/guardian 2).

Name in Full	Gender	Relationship	Phone Number	Address

Please tick this box if no other person besides the parent or guardian is authorised to collect my child.

In the case of an emergency and a person needs to collect your child that is NOT on this list, you must notify the Preschool via phone.

2. Authorisations for authorised nominees

Name in Full	Name in Full
Relationship	Relationship
Phone Mobile	Phone Mobile
Work	Work
Home	Home
Address	Address

I authorise the above listed authorised nominees to give permission for my child in the following circumstances if a parent or guardian cannot be contacted:

a. Consent to medical treatment of, or the administration of medication to, my child.	Yes / No
b. Authorise an educator to take my child outside the education and care service premises.	Yes / No
c. Authorise the preschool to transport, or arrange for transportation of, my child.	Yes / No

3. Authorisations for Department of Education, principal or school staff

I authorise the Department of Education, principal or school staff to:	
d. Seek medical treatment for my child from a registered medical practitioner, hospital or ambulance in an event that such action is deemed necessary.	Yes / No
e. Transport my child by ambulance in an event that such action is deemed necessary.	Yes / No
f. Take my child on planned regular outings which have been communicated to me in advance and are a regular part of the educational program. (A separate authorisation will be sought from parents and guardians for one-off type excursions.)	Yes / No

Parent signature

Signature of parent/guardian	
Name in full	
Date	

Student Medical Details and Health Conditions

It is essential that you inform the preschool before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the preschool as soon as you are aware of any newly diagnosed allergies/ other medical conditions or change to existing conditions. This will assist the preschool to support the health, safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. This is important information for your child's safe participation at the preschool.

Student's Medicare Number _____ Expiry Date _____

Doctor's Name / Medical Centre _____

Doctor's address(e.g 50 Woods St Darwin NT)

Doctor's phone number (work) _____

Please provide the name, address and phone number of any other doctor or medical specialist who may be currently treating your child for any allergy or other medical condition you may list when completing your child's medical details and health conditions. Attach an additional page if required.

Allergy/Medical Condition	Doctor's Name	Address	Telephone

If your child's has a documented plan to support any health or medical needs from a previous preschool or child care provider please provide a copy to the preschool as an attachment to this form.

Allergies – these can include allergies to insect stings, drugs, latex, food (eg nuts, eggs, peanuts) or other

If your child has an allergy, please specify in the box below. Please answer the 10 questions that follow(where applicable). If there is insufficient space, please attach additional pages clearly marked: STUDENT MEDICAL DETAILS AND HEALTH CONDITIONS.

Allergy to: _____

- Has a doctor diagnosed this allergy? Yes No
- Is this a severe allergy (anaphylaxis)? Yes No
- Has your child ever been hospitalised with a severe allergic reaction (anaphylaxis) or other allergy? Yes No
- Does your child have an action plan for anaphylaxis? Yes No
- If YES is this plan attached? Yes No
- Has your child been prescribed an adrenaline auto injector (EpiPen/Anapen)? Yes No

If your child has been prescribed an adrenaline auto injector, you will need to provide one to the school (and renew prior to expiry date).

- What is the date on the adrenaline auto injector that will be provided to the school?

If not known at the time of enrolment the preschool will require this information upon commencement.

- Does your child have an action plan for Allergic reactions? Yes No
- If YES – is this plan attached? Yes No

Each time your child is prescribed a new adrenaline auto injector the doctor should issue an updated Action Plan for Anaphylaxis. It is important that a copy of any updated plan is provided to the school.

10. Please list any other medication prescribed for this allergy.

The preschool will require further details in relation to prescribed medication on commencement.

Parents of children who require their child to be administered prescribed medication at preschool must complete a written request form (available from the preschool).

Other medical conditions – asthma, diabetes, epilepsy, severe asthma

Please identify and provide details below of any other medical condition for which your child is being treated. (If more than one condition or insufficient space please attach additional pages and include answers to all 6 questions that follow).

Medical Conditions _____

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has a doctor diagnosed this condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has your child be hospitalized with this condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does your child have a documented action plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. If YES is this plan attached? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is your child taking prescribed medication for this condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. If YES – what is the prescribed medication? | | |

*Parents of children who require their child to be administered prescribed medication at preschool **must** complete a written request form (available from the preschool).*

Note that the Education and Care Services National Law requires that a child is unable to attend preschool without their prescribed medication.

Cultural background

What is your child's cultural background? _____

What is the cultural background of the child's parents? _____

Does the preschool need to be aware of any cultural, religious or dietary requirements? Yes NO

If YES, please provide details.

--

Parent signature

Signature of parent/guardian	
Name in full	
Date	

Office use only

If the parent has notified that the child has a medical condition, allergy or other health care needs:

1. Has a member of school staff sighted an existing health care record for the child?	Yes / No
If YES, please provide details	
2. Has a meeting been established with the parent/s to develop a Preschool health care plan?	Yes / No



Anula Preschool

New Enrolment Parent

Questionnaire

Child's Name: _____ Date: _____

Parent Name (s): _____

Language Spoken at home: _____

If your child speaks English as an additional language, can they understand simple English instructions (We can provide bilingual support for your child): yes / no

What is your preference for the days you would like your child to attend preschool:

Mon/Tues/odd Weds 8:00am-2:30pm

Odd Weds/Thurs/ Fri 8:00am-2:30pm

We use a communication app called Seesaw. Would you prefer to receive Preschool correspondence via email?
Yes / No

If Yes, please provide your email address: _____

Please help us to best support your child when they come to preschool by answering the following questions:

Please list some of your child's interests:

Does your child have any food or other allergies?

Does your child have any cultural or religious requirements i.e. Halal food required/Vegetarian etc

Does your child have any fears or phobias?

Are there any cultural celebrations that you would like us to celebrate with your child throughout the year (You are welcome to attend cultural celebrations or run a cultural activity with the children):

Do you (the parents) have any skills that you would like to share with the children at preschool? For example sewing, art, music, craft etc:

Please list your vocation(s) – both parents:

Would you be interested in talking to the children about your vocation? Yes/No

Please list availability:

Day/s: _____

Please circle: Morning / Afternoon.

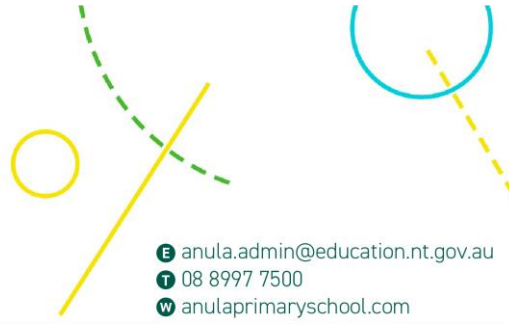
Time: _____

Has your child:

- Been separated from parents
- Socialised with other children
- Toileted independently
- Dressed themselves

On the days they don't attend preschool, how are your children cared for?

- Family
- Friends
- Childcare Centre, If so please name: _____
- Family Day Care, If so please name: _____



Dear Parents and Carers,

As a Sun Smart School, and in line with our Preschool Sun Safe policy and Cancer Council NT recommendations, we seek permission for children to have sunscreen applied whilst they are attending Preschool.

We request parents apply sunscreen before bringing their child to preschool and to provide educators with permission to reapply sunscreen before children eat their lunch. This will ensure it is applied 20 minutes before sun exposure.

We are using the Cancer Council Kids sunscreen 50+ (fragrance and paraben free). Please sign the permission form below and return to school.

Regards,

Anula Preschool Team

I have read the policy Yes/No

I give permission for Preschool staff to apply Preschool supplied sunscreen on

my child _____(full name)

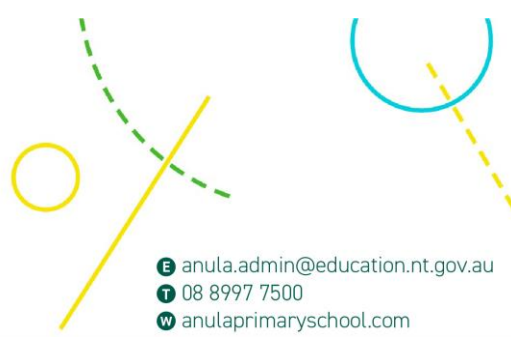
Parent name _____(full name) Signed _____

Due to my child having known allergies to sunscreen I have provided the following brand of

sunscreen _____. Please only use this for my child

_____ Date _____

(Child's full name)



Dear Parents and Carers,

Living in the Tropics is a wonderful experience, however it does come with some downsides, one of these being mosquitoes. At Anula Preschool, we encourage safe outdoor play. Thus we would like to seek your permission to apply mosquito repellent at times when mosquitoes are particularly bad.

We use Aerogard Odourless Protection repellent in spray form.

Please sign the permission form below and return to school.

Regards,

Anula Preschool Team

I give permission for Preschool staff to apply Preschool supplied mosquito repellent on

my child _____ (full name).

My child has used this repellent before and has not had a reaction to it.

Parent name _____ (full name) Signed _____

Due to my child having known allergies to Aerogard mosquito repellent, I have provided the following brand of repellent

_____. Please only use this for my child

_____ Date _____

(Child's full name)

Parent name _____ (full name) Signed _____

Dear Parents and Carers,

At Anula Preschool we offer children the choice of playing barefoot both outside and inside. The reason for this is that children are encouraged to strengthen their connection with nature, that going barefoot strengthen the muscles in our feet and ankles thereby enhancing stability, balance and posture, and that our feet are hard-wired with multiple pressure points and nerve endings to convey messages to other parts of our bodies. Wearing shoes dulls the effectiveness of these nerve endings, while going barefoot stimulates them and, in turn, our entire nervous system.

We recognise that in the Top End there is a risk of contracting melioidosis, and have attached an information sheet for you to read.

Should a child, have an open sore on their feet parents are required to inform preschool staff and staff will ensure your child leaves their shoes on when outside. If you have any concerns, please speak with one of the preschool staff.

We ask that you sign the permission below accordingly.

Regards,

Anula Preschool Team

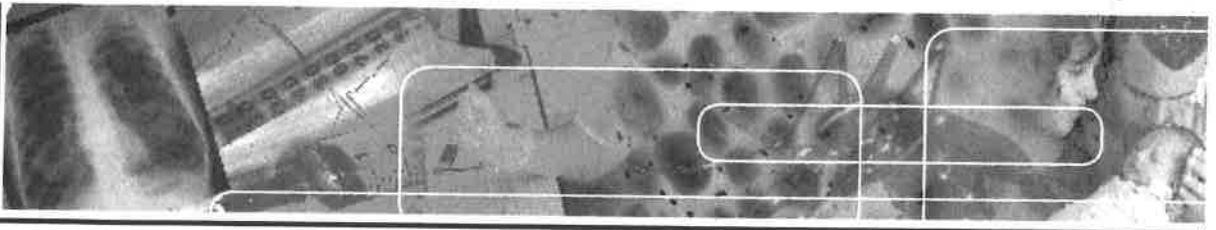
I have read the melioidosis information sheet Yes/No

I give permission for my child to play barefoot when at Anula Preschool Yes/No

my child _____(full name)

Parent name _____(full name) Signed _____

Date _____



Melioidosis

What is melioidosis?

Melioidosis is a disease caused by bacteria known as *Burkholderia pseudomallei*. The bacteria live below the soil's surface during the dry season but after heavy rainfall are found in surface water and mud and may become airborne.

How is it spread?

The bacteria that causes melioidosis usually enters the body via cuts and sores in the skin or via inhalation of dust or droplets and very rarely by ingestion of contaminated water.

The disease has been found among some domestic and farm animals. Melioidosis does not usually spread from one person to another or from animals to humans.

Where does melioidosis usually occur?

Melioidosis is found in tropical areas throughout the world, particularly in South East Asia and northern Australia.

In Australia cases typically occur in the Top End of the Northern Territory (NT) and in far north Queensland and the Kimberley region of Western Australia. Cases have been found in the NT occasionally as far south as the Tennant Creek region.

What are the symptoms?

The symptoms of melioidosis depend on the site of the infection and this can vary. Often it starts as a chest infection with shortness of breath, productive cough and fever. Other possible presentations include fever with headache and confusion, or pain and/or difficulty passing urine. People can become ill from 1 to 21 days after being infected and the onset of symptoms may be sudden or gradual. The infection

can be fatal and melioidosis requires urgent medical attention and treatment with specific antibiotics.

In some cases the illness may come on much more slowly with weight loss, intermittent fever, chest pain and a cough. Some people may present with skin ulcers, boils or joint or bone infections.

There have also been cases where the disease has caused illness many years after the initial infection. In these cases, the bacteria have been carried by the person and have become active due to a weakening of the immune system.

The diagnosis of melioidosis is made by growing the bacteria with laboratory testing of blood, sputum, urine or a swab from an abscess or non-healing ulcer.

Who is at risk?

People most at risk are those with conditions such as diabetes, heavy alcohol consumption, kidney disease, lung disease, and cancer and those on immunosuppressive therapy including steroids.

Healthy people can also get the disease if they work in muddy soil without good hand and foot protection. Children are at a lower risk for acquiring melioidosis compared with adults. However, it is still possible for children to acquire melioidosis during the wet season, particularly those with chronic diseases or weakened immune systems.

What is the treatment?

All patients should be admitted to hospital initially. They are treated with antibiotics, which usually have to be continued for at least 3 months. If treatment is started early, recovery is usually complete. It is important to complete all antibiotics to prevent a relapse.

How can melioidosis be prevented?

There is currently no vaccine against melioidosis. Therefore preventive measures are the key to avoiding infection. People with past melioidosis can be infected again after new exposure.

Waterproof shoes or boots will protect your feet when you walk in wet soil where there is pooled water or you work in muddy conditions, for example, when gardening or working in excavations. Open footwear such as sandals are not very good protection. Protective gloves should be worn when handling soil, particularly during the wet season.

Wounds should be promptly and thoroughly washed clean and covered.

If necessary, use pumping equipment to control water ingress when working in excavations.

Due to the potential for aerosolisation (airborne droplets) of *Burkholderia pseudomallei* people with risk factors such as diabetes, heavy alcohol consumption, kidney disease, lung disease and cancer and those on immunosuppressive therapy

should stay indoors during periods of heavy wind and rain in the Top End. People using high pressure hoses around soil should cover their mouths and noses with a mask to avoid inhalation of bacteria.

Children should avoid playing in muddy areas, wet sandpits or places where water has pooled in grassy areas or where grassed areas are boggy. Sandpits which are dry or dry enough to comfortably play in are also low risk.

These preventative measures are most important if you have any of the following conditions:

- Diabetes
- Heavy alcohol consumption (>20 standard drinks a week or binge drinking)
- Kidney disease
- Lung disease
- Cancer
- Receiving immunosuppressive therapy, including steroids
- Cuts or sores in your skin, particularly on the hands and feet.

For more information contact the CDC in your region

Alice Springs	8951 7540
Darwin	8922 8044
Katherine	8973 9049
Nhulunbuy	8987 0357
Tennant Creek	8962 4259

or

www.nt.gov.au/health/cdc



Consent Form Schedule

Name of Northern Territory Department of Education Activity:

All general coverage (media or otherwise) associated with school-related activities or performances.

Any works which may be recorded/copied:

Any of the works done by the student as part of a school activity.

Vision/sound to be recorded:

Any vision, photographs, interviews or audio associated with the general media and/or educational activities.

Date or dates of activity/performance:

As decided from time to time by the school.

Location(s) of activity/performance:

As advised by the school before the event.

Name of person to whom I shall report:

As advised by the school before the event.

Student Consent Form – Media & Intellectual Property

This document gives the Northern Territory of Australia (NT) and its Department of Education (DOE) permission to use works created by students in the course of their studies for purposes associated with the promotion of DOE or the Northern Territory and in educational resources created or published by DOE or the Northern Territory. This does not mean that you, the student, lose ownership rights over your works—simply that DOE has permission to use your works for the purposes mentioned.

It also gives permission for NT and DOE (and media organisations, but only with DOE permission) to use audio and visual recordings of students in publications, communications and media generally.

Name of Student:

Name of Parent/Guardian:

Address:

1. During the course of my studies with DOE I may produce works that create intellectual property rights, for example, copyright. These works may form part of my academic assessment or my studies generally.
2. These works might include my written work (e.g. stories and poems), paintings, pictures, drawings, designs, photographs, videos, films, music, performance, computer programs, web sites, sculptures, fashion or costume, metal or wood works or any other works I create.
3. DOE may record sound and/or vision of me and my works whilst I am at school or taking part in school-related activities or performances.
4. DOE understands that I own the intellectual property rights in my works and that this Consent Form is not meant to transfer my ownership.
5. I give permission to NT and DOE (and media organisations, but only with DOE permission) to use my works, my sound/vision, and/or my name in publications, communications and media generally.
6. I understand that should I choose to withdraw my permission, I can only do so by notifying DOE in writing, and understand that my withdrawal of permission is not retrospective.
7. DOE understands that I may choose to give permission to other people to also use my works.
8. I understand that by giving this permission, DOE can use my works, my sound and/or my vision in any way it chooses, for the purposes described above. It may be reproduced in any form, in whole or in part, and distributed by any medium including but not limited to Intranet, Internet, CD, DVD, social media, or other multimedia uses.

9. DOE may disclose my works, my sound/vision, and/or my name or permit other people to use and reproduce these on similar terms to this consent. I understand that DOE may not always name me in recordings, images or copies of my work and consent to any uses that might otherwise breach my moral rights (eg the right to be named as the creator of my work).
10. I understand that I will not be paid by DOE for giving this permission or for the use of my works, sound or vision.
11. Wherever possible, the Northern Territory of Australia will remain sensitive to and understanding of cultural, family and personal sensitivities. This information is optional and will not be used for any purpose involving discrimination.
- Are you of Indigenous or Torres Strait Islander descent? Yes No
12. As the parent/guardian signing this consent form I understand that if I or other members of my family are participants at school events involving my child, that sound or vision of me or other members of my family may also be used by the NT and DOE in publications, communications and media generally.
13. I consent to my child's photo / name / work to be used in all areas of the media: (Please circle) YES / NO

OR

I consent to my child's photo / name / work to be used in in the following: (Please tick)

Usage	Use of Student's Photograph	Use of Student's Visual/Audio Recording	Use of Student Group Photograph	Use of Work by Student	Publishing Student First Name	Publishing Student Surname
School/Department Website	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public TV/ Newspaper	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public/Department Audio/Visual Displays	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Media e.g. Facebook	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Newsletter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seesaw	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

.....
Signature of student:

.....
Signature of Parent/Guardian:

.....
Signature of Witness:

.....
Signature of Witness:

.....
Name of Witness:

.....
Name of Witness:

Date: / /

Date: / /

Collected on behalf of the Northern Territory of Australia by:

Name: Melinda Kealy - Principal

Signature: 

The Northern Territory of Australia is collecting the information in this form to obtain permission to use visual and audio recordings in Northern Territory of Australia publications, communications and media generally. Visual and/or audio recordings, or personal information included in this form may be supplied to contractors or service providers engaged by the Northern Territory of Australia to develop or produce publications, communications and media generally. Visual and/or audio recordings or personal information included in this form may also be provided to media organisations for DOE promotional and news purposes. You are entitled at any time to access and amend the information provided by you on this form. Withdrawal of permission is not retrospective.

Northern Territory Government, GPO Box 4396, Darwin NT 0801, Australia

For more information please contact:

Agency Name: Anula Primary School

Telephone No: 08 89977500

Acceptable Use Agreement for Early Years Students

The following agreement covers the student's use of Internet, intranet, portal, student profiles, network and email.

 Anula Primary School provides all students enrolled at the school with Information Communication and Technology (ICT) facilities for educational use.

As your child is considered too young to fully understand this type of agreement, therefore you are asked to read through the document carefully, and to sign it if you grant approval for your child to make use of the available facilities.

Students may use these facilities for class work, research and communication. The resources provided include computers and peripherals, access to network resources, e-mail, the NT DoE Educational Portal and the Internet. Care must be taken to ensure the resources are protected from harm and that no users are exposed to materials considered offensive or illegal. In order to have access to the school's ICT resources, parents / guardians and students must agree to abide by the school's Acceptable Use Agreement.

1. Only software purchased or approved by the school, and installed by the school, can be used on school equipment.
2. Software copyright is to be observed at all times. It is illegal to copy or distribute school software. Illegal software from other sources is not to be copied to or installed on the school equipment.
3. Students must respect intellectual property and adhere to copyright, software piracy and fair dealing laws associated with learning technologies.
4. Students must follow the rules posted for the use and care of the computer equipment at all times.
5. Students using the ICT facilities may only do so under the supervision of school staff. Any students not following staff instructions may have further access restricted or denied.
6. Privacy and network security is to be observed. Students must not under any circumstances access personal files belonging to others, software or areas of the network which are not designated for their use.
7. The sharing of passwords is a security risk. Students must not give their password to other students or log in with another users name under any circumstances.
8. All users must log off when leaving a computer.
9. There should be no disruption to class activities by unauthorised broadcast messages across the school network.
10. Virus protection is very important. If students use portable drives or discs to transfer work between the school network computers and computers outside the network, disks must be scanned for viruses prior to use on the school network. Virus checking software will be made available on the school computers for this purpose.
11. Printing of materials of a personal nature or unassociated with school activities are not permitted unless approval is sought from a school staff member. This may incur a charge.
12. The use of ICT facilities, specifically the Internet, is for educational, communication and research purposes only:

- Deliberate attempts to look for or download and use material that is illegal or which would be thought of as offensive is not permitted. Only materials required for school activities as directed by teachers may be downloaded. If students should unknowingly navigate to a web site that contains material that may be considered offensive, they must clear the screen immediately and notify the teacher.
- Inappropriate language or harassing others when communicating online is not permitted.
- Privacy and ownership of others' work and materials from web sites must be respected at all times.
- The use of on-line chat facilities and instant messaging must only be carried out under the supervision of a staff member and must only be as part of educational on-line activities. Safe Internet practises must be applied.
- Personal details of students may only be provided online if permission is given by a teacher.

Note: *Deliberate misuse of computer equipment and software or deliberate breaches of the conditions of this agreement may result in access restrictions to ICT facilities by the student (s) involved and result in discipline by school administration.*

By signing this agreement and using the equipment and resources of

Anula Primary

School, the parent acknowledges the conditions under which their child will use the ICT facilities.

Parent

I understand the conditions under which ICT facilities are made available and agree to those conditions. I further understand that additional explanations have been provided to my child, copies of which can be obtained from the school upon request.

I understand that my child may be accessing the Internet for educational purposes or in accordance with this Agreement.

I understand that any use of facilities contrary to this Agreement, or generally, will be treated as a breach of school discipline and shall be dealt with accordingly.

The school reserves the right to vary the terms of this Agreement to accommodate unforeseen circumstances relating to the use of facilities by students. Variations shall be in writing signed by the school Principal, and shall be distributed to students and shall take effect accordingly.

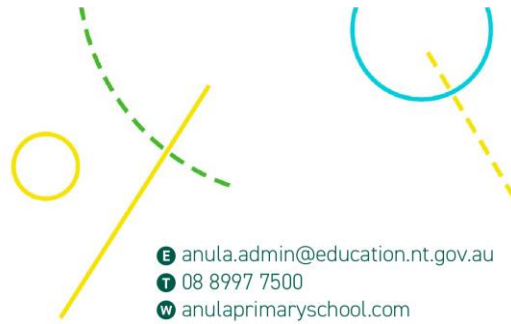
Please Print (Parent / Guardian) Name:

Student Name:

Address:

Signature: _____

Agreement signed this _____ day of _____, 20_____



Dear Parents/Caregivers,

At Preschool we use a communication app called SeeSaw. You will receive instructions on how to access the app. The purpose of using SeeSaw is to share your child's learning journey at preschool through photos and anecdotes, to share reflections of our days and to communicate upcoming events, programming, etc.

We share posts with individual families as well as communal posts.

We would like to ask your permission to share photos amongst families. This will mean that other families may be able to view photos which include your child. The Seesaw app allows photos to be shared online easily. We ask that children's privacy be respected and that these photos not be shared with the wider community, however this is something that is beyond our control so please be aware of this when agreeing to photos being shared.

Should you have any queries, please speak with one of the preschool team.

Please sign the slip below to indicate your consent to share group photos on SeeSaw.

I _____ give/do not give (please circle as appropriate) consent for photos that include my child _____ to be shared on the SeeSaw app.

Signed _____

Date _____

NEWSLETTERS

Our weekly newsletters are digital, we do not print a paper copy.

To see our newsletter every week you can either:

- Download the SchoolStream app onto your smartphone or tablet device. This is a free app and is regularly updated with everything that happens at our school. This app can be translated into many different languages.
- Visit our website www.anulaprimarieschool.com
- Receive an email every week. Please fill out the tear off slip below with your email address.

.....
Please include me in your email contacts.

Student's name _____

My email address is _____

Signed _____

Code of Conduct for Parents

Here at Anula Primary School we provide an open, welcoming and safe learning environment for all students. We believe that families play a crucial role in their child's education and that a reciprocal partnership bridging the gap between home and school is an essential ingredient to foster positive relationships with parents and carers.

We value open and honest communication in a respectful and ethical exchange. Everyone has the right to feel safe and respected whilst on Anula School premises. Anyone who behaves in a way that is considered unsafe or disrespectful will be asked to leave the premises.

As a parent/carer at Anula Primary School I adhere to the following Principles of Standards of Conduct

- ❖ **Safety:** Comply with all Policies and Procedures at Anula Primary School.
- ❖ **Respect:** Always act in the best interests of children, their families and staff. Treat everyone with respect, honesty, courtesy, sensitivity, tact, consideration and humility. Respect the rights of others as individuals.
- ❖ **Support:** Work in a cooperative and positive manner with all staff.
- ❖ **Effective communication:** Use courteous and acceptable language and refrain from the use of profane, insulting, harassing or otherwise offensive language. Be aware of your own body language and stay calm and relaxed. Use non-discriminatory, respectful and non-judgemental language.
- ❖ **Ethical conduct:** Value diversity and refrain from all actions and behaviour that constitute harassment or discrimination. Understand that sometimes staff decisions may differ from your own however there will be purpose and reasoning behind this.

Parents/carers at Anula Primary School are welcomed as partners in their child's education. As a result:

Families have a right to be:	Families have the responsibility to:
<ul style="list-style-type: none"> ❖ recognised as the major influence in their child's life ❖ a partner in their child's education ❖ informed about issues affecting their child ❖ treated with courtesy by teachers, students and other families 	<ul style="list-style-type: none"> ❖ recognise and support the school's behavioural expectations ❖ treat others with respect and courtesy ❖ develop helpful communication links with Anula staff as partners in your child's education ❖ provide information that may impact on your child's learning.

I have read, understood and agree to adhere to the code of conduct policy.

Child's Name: _____ Parent/carers names _____

Signed: _____ Date: _____