



LAUNCHING INTO LEARNING DETAILS FORM

CHILD DETAILS

Family Name

First Given Name

Other Given Names

Preferred Given Name

Gender:

Male

Female

Date of Birth (dd/mm/yyyy)

INTERPRETER

Does your child require an interpreter?
Which is/are the preferred language?

DOCTOR/CLINIC INFORMATION

Doctor or Clinic Name

Address

Suburb

Postcode

Phone

CHILD RESIDENTIAL ADDRESS

Street Number and Name

Suburb

Postcode

State

Country

INDIGENOUS STATUS

Is the child of Aboriginal or Torres Strait Islander origin?

| | | | |
|-----------------|--------------------------|--|--------------------------|
| No | <input type="checkbox"/> | Yes, Torres Strait Islander | <input type="checkbox"/> |
| Yes, Aboriginal | <input type="checkbox"/> | Yes, Aboriginal and Torres Strait Islander | <input type="checkbox"/> |

Please tick appropriate box

MEDICAL CONDITION INFORMATION

Does your child have any medical conditions you think we should know about?

No

Yes-please give details

Please attach additional details if required

ALLERGY/ANAPHYLAXIS INFORMATION

Does your child have an allergy?

Yes

No

He/she is allergic to:

Has the allergy involved hospitalisation?

Yes

No

Can it be life threatening?

Yes

No

Has the allergy been called anaphylaxis?

Yes

No

Has the child been prescribed an EpiPen?

Yes

No

PARTICIPATION IN LiL AT ANOTHER SCHOOL

Have you registered your child for LiL at another school?

Yes

No

Name of school if Yes

Should the adult accompanying the child at Launching into Learning become incapacitated while attending, the contacts below may be called.

DETAILS OF PARENT/GUARDIAN (1)

Relationship to this child (e.g. Father, Mother)

Family Name

Given Names

Date of Birth (dd/mm/yyyy)

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Mobile No.

Home/Work Contact No(s).

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Email

Residential Address (street number and name)

Suburb

Postcode

DETAILS OF OTHER ACCOMPANYING ADULT (if not the parent/guardian)

Relationship to this child (e.g. Grandparent)

Family Name

Given Names

Date of birth (dd/mm/yyyy)

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Mobile No.

Home/Work Contact No(s).

| | |
|--|--|
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|--|--|

Email

Residential Address (street number and name)

Suburb

Postcode

EMERGENCY CONTACTS

Name

| | |
|---|--|
| 1 | |
|---|--|

Name

| | |
|---|--|
| 2 | |
|---|--|

Contact Number

Contact Number

DETAILS OF PARENT/GUARDIAN (2)

Relationship to this child (e.g. Father, Mother)

Family Name

Given Names

Date of Birth (dd/mm/yyyy)

| | | | | | | | | | |
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Mobile No.

Home/Work Contact No(s).

| | |
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| | |
|--|--|

Email

Residential Address (street number and name)

Suburb

Postcode

DETAILS OF ANY SIBLING ATTENDING A DEPARTMENT OF EDUCATION SCHOOL

Family Name

Given Names

Sibling Date of Birth (dd/mm/yyyy)

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Sibling's school attended

INTERPRETER

Does the parent/carer require an interpreter?
Which is/are the preferred language?

Please complete and sign page 3 of this form

CONSENT TO PUBLICATIONS

(See the Personal Information Protection details in the Application for Enrolment – Information for Parents, Guardians and Independent Students)

Photographs of children and parents/carers involved in activities, and work by children, are often published to enable the children to share their experiences and enable parents/guardians and others to be informed about the school's work. Since photographs on websites and social media are available to the general public, Department of Education's guidelines aim to ensure children's and parent's/carer's safety by requiring staff not to link children's and parent's/carer's names to their photographs in DoE publications. Due to the permanent nature of some publications it is difficult to retract work once published. However, if you later wish to withdraw consent, please inform the school in writing and the Department will action this request.

1 I give consent for **photographs and/or film** that include the child and parent/carer to be published in school print and/or electronic publications such as school year books, newsletters, social media and website. This may include publishing the child's and parent's/carer's given name.

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

2 I give consent for **photographs and/or film** that include the child and parent/carer to be published in Department of Education publications such as social media/websites reports and brochures. This may include publishing the child's and parent's/carer's given name.

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

3 I give consent for **samples of work** by the child to be published in school print publications and/or electronic publications such as school year books, newsletters, social media and website. This may include publishing the child's given name.

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|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

4 Consent to the media – I give consent for the child and parent/carer to be photographed, filmed or interviewed on stories about education and school activities to be published by newspapers, radio and television including publication on their social media and website. The media may also publish their given name and family name and the name of the school the child attends.

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

AUTHORISING SIGNATURE

I understand that providing this information and participation in Launching into Learning does not guarantee an enrolment at this school.

In the event I am not attending with my child, I agree to ensure that an appropriate adult accompanies and is responsible for my child while attending Launching into Learning.

To sign this form you must be the child's parent/guardian.

Signature – I certify that the information provided in this form is correct

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Date of signature (dd/mm/yyyy)

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| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|

Personal Information Protection

The enrolment forms collect personal information from you to process your child's application for enrolment. Personal information will be managed in accordance with the requirements of the *Personal Information Protection Act 2004*. It will be used by the Department of Education for student administration and for the planning, provision and reporting of educational programs as authorised by the *Education Act 2016* and related State and Commonwealth Legislation. It may be disclosed to health practitioners to support student health and safety requirements, and may also be disclosed to government and other agencies where authorised by law. We may not be able to provide some services if the information is not provided.