

# Department of Education

## Launching Into Learning Contact 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 the parent or child require an interpreter?  
 Which is the preferred language?

**DOCTOR OR CLINIC INFORMATION**

Doctor or clinic name

Address

Suburb

Phone

**PARTICIPATION IN LIL AT ANOTHER SCHOOL**

Have you registered your child for LiL at another school?

No  Yes – Name of school if yes:

**STUDENT RESIDENTIAL ADDRESS**

Street number and name

Suburb

State  Postcode

Country

**INDIGENOUS STATUS**

Is the student of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

**MEDICAL CONDITION/MEDICATION INFORMATION**

Does this student have any medical conditions or medication you think we should know about?

No  Yes – please give details

Please attach additional details if required

**ALLERGY / ANAPHYLAXIS INFORMATION**

Does this student 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 this student been prescribed an EpiPen?  Yes  No

# Department of Education Launching Into Learning Contact Form

**DETAILS OF PARENT/GUARDIAN (1)**

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

--

Parent/Guardian  Yes  No

Family name

--

Given names

--

Gender Date of Birth (dd/mm/yyyy)

Male  Female  / /

Residential address – Street number and name

--

Suburb State

--	--

Country Postcode

--	--

Mail address – If not the same as residential address

--

Suburb State

--	--

Country Postcode

--	--

Order  Silent  Home phone

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Work phone

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**SIBLING DETAILS**

Family name

--

First given name

--

Other given names

--

Gender Date of Birth (dd/mm/yyyy)

Male  Female  / /

**DETAILS OF PARENT/GUARDIAN (2)**

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

--

Parent/Guardian  Yes  No

Family name

--

Given names

--

Gender Date of Birth (dd/mm/yyyy)

Male  Female  / /

Residential address – Street number and name

--

Suburb State

--	--

Country Postcode

--	--

Mail address – If not the same as residential address

--

Suburb State

--	--

Country Postcode

--	--

Order  Silent  Home phone

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Work phone

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**DETAILS OF OTHER ACCOMPANYING ADULT**

(if not the parent/guardian)

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

--

Parent/Guardian  Yes  No

Family name

--

Given names

--

Gender Date of Birth (dd/mm/yyyy)

Male  Female  / /

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# Department of Education Launching Into Learning Contact Form

## EMERGENCY CONTACTS

Contact One
Family name
Given names
Contact Number
Contact Two
Family name
Given names
Contact Number

## DETAILS OF OTHER ACCOMPANYING ADULT *cont.*

Residential address – Street number and name		
Suburb	State	
Country	Postcode	
Mail address – If not the same as residential address		
Suburb	State	
Country	Postcode	
Order	Silent	Home phone
Work phone		

## CONSENT TO PUBLICATION OF PERSONAL INFORMATION

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

Images (including photographs or videos) of students, and work by students, are often included in school or Department of Education publications. This allows students to share their experiences and informs parents/guardians and others about the school's work.

School print and electronic publications include items such as school year books, newsletters and social media/websites. Department of Education print and electronic publications are items such as social media/websites, reports and brochures.

Some publications are permanent, and it may not be possible to remove images or work once published. You can change your consent for future publications at any time with the school.

While you may choose to give consent to the use of the student's given and family name, the actual use of student names will be guided by Departmental policy on student safety. For example, only given names are generally used on social media and websites.

Publication does not include the use of student images, names or their work in ways that support the educational purposes of the school. These include displays of student photos or student work on school premises.

- I give consent for **images** that include the student to be taken for the purpose of publication in **school** and **Department of Education** publications (print and/or electronic). This may include publishing the student's **given name and family name**.  Yes  No
- I give consent for **samples of work** by the student and **recognition of student achievements** to be published in **school** and **Department of Education** publications (print and/or electronic). This may include publishing the student's **given name and family name**.  Yes  No
- Consent to the **media** – I give consent for the student to be **photographed, filmed or interviewed** on stories about education and school activities, to be published by newspapers, radio and television. This may include 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 student attends.  Yes  No

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# Department of Education Launching Into Learning Contact Form

## CLASS PHOTOGRAPHS

4. I give consent for images of the student to be taken for class and school photographs that are provided or sold to their parents or guardians. This may include images taken by professional photographers on behalf of the school, and may also include use of the student's given name and family name.  Yes  No

## CONSENT FOR MINOR EXCURSION PARTICIPATION

5. I give my consent for the student to participate in minor excursions for this year. (See details in the **Application for Enrolment – Information for Parents, Guardians and Independent Students**)  Yes  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

**Date of signature (dd/mm/yyyy)**

		/			/				
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### 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.