



FORM B ENROLMENT PERMISSIONS

STUDENT: _____

Publicity Permission

*Please note that this permission is applicable to the student's school life whilst attending Beachmere State School. Any changes to the permission must be instigated by the parent or guardian of the student in writing.

From time to time, our school has the opportunity to submit articles regarding student achievements and school events. These articles may be submitted to:

- 9 School newsletter/school website
- 9 Newspapers
- 9 Student Portfolios
- 9 Shopping Centre
- 9 Television

This may involve a student's name and/or photograph, therefore it is necessary for the school to gain parental permission for this type of publicity.

I DO / DO NOT give permission for my child's name, photo or school work to be published or displayed.

Parent/Caregiver's Signature: _____ Date: ___/___/___

Aerogard

- I grant permission for my child to have Aerogard applied as needed.

Parent/Caregiver's Signature: _____ Date: ___/___/___

Sunscreen

- I grant permission for my child to self-administer sunscreen when required.

Parent/Caregiver's Signature: _____ Date: ___/___/___

Religious Instruction

- I grant permission for my child to participate in Religious Instruction Lessons. I understand that my child will participate in religion unless a written note is sent to the Principal indicating otherwise.

Parent/Caregiver's Signature: _____ Date: ___/___/___

SMS MESSAGING AND SAME DAY ABSENCE

- Text messages by 9:30am for unexplained absence
- School reminders and sharing of information via SMS

PARENT NAME: _____

MOBILE PHONE NUMBER _____

eNEWSLETTER

- I would like to receive an electronic copy of the newsletter.

EMAIL ADDRESS: _____

CAKE PERMISSION

I do give permission for my child to participate in birthday celebrations and sharing cake.

I do not give permission for my child to participate.

Parent/Caregiver's Signature: _____ Date: ___/___/___

**VOLUNTARY STUDENT PARTICIPATION IN PROGRAM OF
CHAPLAINCY SERVICES AT BEACHMERE STATE SCHOOL**
STUDENT: _____

The local community of this school provides a program of chaplaincy services that is available to all students. Chaplaincy services are an additional program in the school that operates with the endorsement of the school's P&C Association.

NO Chaplaincy contact

Voluntary Student Activities **FREE** of Religious or Spiritual Content

Voluntary Student Activities **WITH** Religious or Spiritual Content

I understand that, where I agree that the student can participate in the chaplaincy program, this information will be passed on to the school chaplain.

Signature _____ **Date:** _____

My child as listed above has my consent to participate on a voluntary basis in activities within the program of chaplaincy services that are free of religious, spiritual and ethical content. I understand that this consent is inclusive of all such activities and remains operational unless I advise the school otherwise in writing.

Signature _____ **Date:** _____

Activities include:

- Lunch time activities – sport, craft, games
- Classroom / small group activities
- Attendance at sporting / school / community events
- One-to-one regular meeting for pastoral care or support

Privacy Notice

The Department of Education and Training is collection student's personal information in order to determine student participation in the school's Chaplaincy Program. This information will only be accessed by the school principal and, if the student is participating in the program, the school chaplain. Student's personal information will be recorded, used and disclosed in accordance with s426 of the Education (General Provisions) Act 2006 (Qld) and will not be given to any other person or agency unless you have given the department permission or the disclosure is otherwise required or permitted by law. The Information Privacy Act 2009 (Qld) applies to the department's collection, use and disclosure of the personal information of persons other than students.