



Parent/Guardian Agreement Permission Form

STUDENT NAME: _____

Parents/Guardians are requested to complete the required information and sign. Please return to the college General Office.

<p>1. LOCAL EXCURSIONS</p> <p>I hereby give permission for my child to participate in local excursions or events within the local Wyndham City area. These activities are within walking distance of the college.</p> <p>Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:</p> <ul style="list-style-type: none">• Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner• Administer such first aid as the teacher in charge may judge to be reasonably necessary.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<p>2. ICT – Acceptable Users Agreement</p> <p>I have read and understood the “Acceptable Use Agreement” form located on the PCSSC website at www.pointcooksenior.vic.edu.au/forms</p> <p>I understand and agree to comply with the terms of acceptable use and expected standards of behaviour set out within the agreement.</p> <p>I understand that there are actions and consequences established within the school’s Student engagement Policy if I do not behave appropriately.</p>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<p>3. PHOTOGRAPHS & FILMING</p> <p>I have read and understood the “Photographs and Filming” permission form located on the PCSSC website at www.pointcooksenior.vic.edu.au/forms</p> <p>I have read this form and I consent to the school photographing and filming my child. I acknowledge that:</p> <ul style="list-style-type: none">• The school may use images of my child in the ways described in the Photographs and Filming form.• I must notify the school principal if I wish to withdraw my consent but I may not be able to withdraw my consent if the images have already been published and are in the public domain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<p>4. NAPLAN</p> <p>I give permission for my child’s current school to provide his/her Year 9 NAPLAN results to PCSSC to enable effective planning for and monitoring of his/her learning.</p>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<p>5. EMAIL</p> <p>I understand that one of the main forms of communication utilised at PCSSC is email. My preferred email address is _____</p>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<p>6. VIEWING OF ‘PG’ RATED MATERIAL</p> <p>In the event of my daughter/son viewing ‘PG’ rated material at school, I give permission.</p>	YES <input type="checkbox"/> NO <input type="checkbox"/>

ANY CHANGES TO THIS AGREEMENT: I understand it is my responsibility to inform the school in writing of any changes to the information referenced in these agreements.

Parent/Guardian Name: _____

Parent/Guardian Signature _____ Date: _____