



Woy Woy South Public School



The School Mall
Phone: 4341 1899 Fax: 4343 1984
Email: woywoysth-p.school@det.nsw.edu.au
Principal: Mr Matt Barr

Please return this double sided note to your child's teacher

Contact Details			
<u>Childs Name</u>		<u>Class</u>	
<u>Parent/Caregiver's names</u>			

Local Walks
Occasionally students may be required to take part in excursions that involve a walk in the area local to the school relating to community events or places being studied as part of the curriculum.
Please indicate below whether you give permission for your child to take part in these events.
<input type="checkbox"/> YES I give permission <input type="checkbox"/> NO I do not give permission
Signature: _____ Date: _____

PG FILMS * Please note that Kindergarten will only watch G rated films
The NSW English Syllabus now requires that students study a range of media formats. Occasionally this will require the viewing of a film that may be rated PG. Teachers are very sensitive about the appropriateness of material and will use their discretion to ensure only material relating to the syllabus is shown.
Please indicate below whether you give permission for your child to view PG rated films and media.
<input type="checkbox"/> YES I give permission <input type="checkbox"/> NO I do not give permission to watch PG at this time.
Signature: _____ Date: _____

Transport to and from school
Please provide information about how your child usually travels to and from school. We understand that travel can vary from time to time and ask that you advise your child's teacher when this occurs.
To school: _____
From school: _____

Please turn over to complete permissions

Scripture

The Scripture classes that are currently provided in 2017 are: Catholic, Ecumenical and Non-Scripture (see below for information regarding ethics classes)

Please tick your child's chosen class:

Catholic Ecumenical Non-Scripture

- **If you have chosen Non-Scripture, there are limited spaces in the ethics class. If you wish for your child to attend ethics classes please indicate below" (The classes are dependent on available ethics teachers).**

I wish for my child to attend ethics classes as an alternative to Non-Scripture. YES NO

Signature: _____ Date: _____

General permission to publish and disclose information

I am seeking your permission to allow the school/Department of Education to publish and/or disclose information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community about school and student activities and recording student participation in noteworthy projects or community service.

This information may include your child's name, age, class and information collected at school such as photographs, sound and visual recordings of your child, your child's work and expressions of opinion such as in interactive media.

The communications in which your child's information may be published or disclosed include but are not limited to:

- Public websites of the Department of Education including school website, the Department of Education intranet (staff only), blogs and wikis.
- Department of Education publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically including on the Department's websites.
- Official Department and school social media account on networks such as YouTube, Facebook and Twitter.
- Local and metropolitan newspapers and magazines and other media outlets.

Parents should be aware that when information is published on public website and social media channels, it can be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information. Published information can also be linked to by third parties.

Student surnames are removed from our school newsletter before being sent out or posted on our website.

Please complete the permission slip and return to the school.

Yours sincerely

Matt Barr
Principal

Permission to Publish

I have read the permission to publish and: please tick appropriate box

YES I give permission NO I do not give permission

To the Department of Education to publish information about my child as described above, including in publicly accessible communications.

This signed permission remains effective until I advise the school in writing.

Signature: _____ Parent/Caregiver Name: _____
Print name