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**WYNDHAM SCHOOL**

**Blanket Consent Form**

**Please tick the boxes you are in agreement with and sign at the end of the document.**

**This form will be held with your child’s records**

CONTACT DETAIL PERMISSION

I give permission for the school to provide student name and contact phone number details to the Wyndham Primary School BOT and PTA during their time at Wyndham School. (Restricted numbers won’t be disclosed).

DAY TRIP PERMISSION

I give permission for my child take part in all day trips outside the school grounds. (You will receive notice prior to any such trip. Any trip involving an overnight stay will require your further permission for that specific event).

SCHOOL SAFETY VESTS & SUNHATS, HEAD LICE CHECK, MILK FOR SCHOOLS

**School safety vests and Sunhats** are issued to each child at Wyndham School. There is no cost but it is expected that they are kept clean, looked after and handed in at the end of the school year. If they are lost or damaged, you will be charged for a new one. Safety vests are to be worn to and from school by all students.

**Head Lice Checks** are carried out periodically through the year – if head lice are found, you will be contacted.

STUDENT COMPUTER AND INTERNET USE AGREEMENT

* If I damage any part of a computer, my parents and I are responsible for the repairs/replacement
* I am not allowed to eat or drink near the computers or bring personal disks/USB’s from home to use on a school computer without my teacher’s permission.
* I may only use a computer at school if a teacher is in the room supervising me.
* I am not allowed to access material that is inappropriate, offensive or dangerous. If I accidentally discover anything inappropriate, I must immediately turn off the screen and tell the teacher right away.
* I am not allowed to go into teacher or office files or other children’s files.

If I break any of the above rules, I will lose the right to use any computers or the internet at school for a specified time (at the teacher’s discretion). My parents will also be notified.

PARENTAL CONSENT TO PUBLISH STUDENT WORK OR PHOTOGRAPH ONLINE

I give permission for my child’s name, photo and/or work to be published on the School Website, Facebook page, SchoolApp or Seesaw.

LAUNCHPAD

I give permission for my child to attend Launchpad Champion sessions (Christian Values Education programme) run weekly on a Wednesday mornings 9.00 – 9.25am.

TRANSFER AND/OR SHARING OF INFORMATION WITH EDUCATIONAL PROFESSIONALS

I understand confidential information about my child, being held in the school will be forwarded or shared as required with:

* Lower Mataura Valley Community of Learning Kahui Ako including Te Rito (online learning support register)
* ENROL – national student database
* Another educational institution (e.g. school transferring to)
* Educational support agencies/personnel (eg. Group Special Education, Resource Teacher of Learning and Behaviour, Resource Teacher of Literacy)
* Government Agency or Government Appointed Agency (e.g. CYFS, Family Works)

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Caregiver’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Caregiver Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**