



LAUNCHING INTO LEARNING DETAILS FORM

CHILD DETAILS

Family Name

First Given Name

Other Given Names

Preferred Given Name

Gender:

Male

☐

Female

☐

Date of Birth (dd/mm/yyyy)

		/			/				
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Should the adult accompanying the child at Launching into Learning become incapacitated while attending, the contacts below may be called.

DETAILS OF PARENT/GUARDIAN (1)

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

Family Name

Given Names

Date of Birth (dd/mm/yyyy)

		/			/				
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Mobile No.

Home/Work Contact No(s).

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Email

Residential Address (street number and name)

Suburb

Postcode

EMERGENCY CONTACTS

Name

1	
---	--

Name

2	
---	--

CHILD RESIDENTIAL ADDRESS

Street Number and Name

Suburb

Postcode

State

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Country

INDIGENOUS STATUS

Is the child of Aboriginal or Torres Strait Islander origin?

No		Yes, Torres Strait Islander	
Yes, Aboriginal		Yes, Aboriginal and Torres Strait Islander	

Please tick appropriate box

DETAILS OF OTHER ACCOMPANYING ADULT (if not the parent/guardian)

Relationship to this child (e.g. Grandparent)

Family Name

Given Names

Date of birth (dd/mm/yyyy)

		/			/				
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Mobile No.

Home/Work Contact No(s).

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Email

Residential Address (street number and name)

Suburb

Postcode

Please complete and sign page 3 of this form

DETAILS OF PARENT/GUARDIAN (2)

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

Family Name

Given Names

Date of Birth (dd/mm/yyyy)

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Mobile No.

Home/Work Contact No(s).

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Email

Residential Address (street number and name)

Suburb

Postcode

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DETAILS OF ANY SIBLING ATTENDING A DEPARTMENT OF EDUCATION SCHOOL

Family Name

Given Names

Sibling Date of Birth (dd/mm/yyyy)

		/			/				
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Sibling's school attended

DOCTOR/CLINIC INFORMATION

Doctor or Clinic Name

Address

Suburb

Postcode

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Phone

MEDICAL CONDITION INFORMATION

Does your child have any medical conditions you think we should know about?

No	
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Yes-please give details	
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Please attach additional details if required

ALLERGY/ANAPHYLAXIS INFORMATION

Does your child have an allergy?

	Yes
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	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
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Has the child been prescribed an EpiPen?

	Yes
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	No
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CONSENT TO PUBLICATIONS

Photographs of children involved in activities, and work by children, are often published to enable the children to share their experiences and enable parents and others to be informed about the school's work. Since photographs on websites are available to the whole world, Department of Education guidelines aim to ensure children's safety by requiring staff not to link children's names to their photographs. If you later wish to withdraw consent, please inform the school in writing.

1 I give consent for **photographs and video** that include my child to be published in school print publications such as the yearbook and newsletter, school social media/internet sites and in other electronic publications.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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2 I give consent for **photographs and video** that include my child to be published in other Department of Education publications, such as websites, reports and brochures.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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3 I give consent for samples of **work by my child** to be published in school print publications such as the newsletter or yearbook, school social media/internet sites and other electronic publications.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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4 **Consent to the media** – I give consent for my child to be photographed, filmed or interviewed, and their given name and surname to be published by **newspapers, radio and television** in stories about education and school activities. The media may also publish the name of the school my child attends.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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

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Date of signature (dd/mm/yyyy)

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YOUR PRIVACY IS PROTECTED

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 1994 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.

You may access your personal information by application to the Principal. You can obtain a copy of the Department's Personal Information Protection Policy on request to the school or from the department's website:

<https://www.education.tas.gov.au/documentcentre/Documents/Personal-Information-Protection-and-Your-Right-to-Information-Policy.pdf>

