Office use only	
Student UPN: (please use Student Master Index)	
Year: Form: Anticipated start date:	
Enrolment status:	Full-time Part-time FTE:

Student Enrolment Form

Information and Privacy

The Department of Education is committed to providing Northern Territory students with quality education services. The department needs to ask for personal information from students, parents and guardians so it can plan, provide and report on its services, and to monitor compliance under the *Education Act.* Personal information will only be disclosed for these purposes as permitted by the *Information Act.*

The *Privacy Statement* attached is for your information. Please take the time to read this as it outlines in greater detail the use and disclosure of the information that you provide.

If you need help completing this form, including translation services, please contact your school.

School name:		
Has the student ever attended an NT school?	☐Yes ☐No	
What was the last school the student attended?	School name:	
	State/Territory:	Country: (if not Australia)
	Year/grade/level attained:	Date of leaving: / /
Is this student residing in the NT due to a Defence Force posting?		Yes No
Proof of identity attached (e.g. birth certificate, passport)		Yes No

Section 1 Student Details

Surname:		
Legal surname on birth certificate: (if different from above)		
Previous surname: (if applicable)		
1st name: (given name)		
2nd name: (middle name)		
3rd name: (if applicable)		
Preferred first name:		
Has the student been known by any other names? (if not listed above)	Other surname/s:	Other first name/s:

Date of birth:		
Gender:	☐ Male ☐ Female	
Tribal grouping/clan name: (if applicable)		
Skin name: (if applicable)		
Student's residential address:		
Suburb/town/community:		Postcode:
Student's postal address: (if different from above)		
Suburb/town/community:		Postcode:

Senior secondary students only	
Student's contact details:	Phone:
	Mobile:
	Email:
Student's car registration number: (if applicable)	
Is the student independent? (i.e. living without a parent/guardian)	☐ Yes (If yes, all correspondence will be sent to the student). ☐ No (If no, all correspondence will be sent to the parent/guardian).

Section 2 Additional Student Information

Is the student of Aboriginal or Torres Strait Islander origin?	☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander
Does the student speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	☐ No, English only ☐ Yes, other – please specify: _____
Is the student an Australian citizen or permanent resident?	☐ Yes ☐ No
If no, what is the visa subclass number: (e.g. 457, 676) If you have any questions about the visa subclass, contact the department's International Services Branch on 8901 4905.	_____ ☐ Copy of visa attached?
If born overseas, on what date did the student arrive in Australia?	/ /
In which country was the student born?	☐ Australia ☐ Other – please specify: _____

Section 3 Special Family Circumstances

Special family circumstances include a single parent, dual custody, foster care, court orders, access restrictions etc. Please provide details of the circumstances.	
Are supporting legal documents attached?	☐Yes ☐No

Section 4 Parent/Guardian Information

If you are an independent student (living without a parent or guardian) please go straight to Section 7

	Parent/guardian 1	Parent/guardian 2
Title: (Mr/Ms/Mrs/Miss)		
Surname:		
First name:		
Middle name:		
Relationship to student: (e.g. father, grandmother)		
Responsible for parenting*	☐Yes ☐No	☐Yes ☐No
Lives with student*	☐Yes ☐No	☐Yes ☐No
Receive reports etc*	☐Yes ☐No	☐Yes ☐No
Contact this person in an emergency?*	☐Yes ☐No	☐Yes ☐No (If all the No boxes above are ticked, please ensure Section 3 is completed.)
Home phone:		
Other phone:		
Mobile:		
Email:		
Residential address:		
Suburb/town/community:		
Postcode:		
Postal address: (if different from above)		
Suburb/town/community:		
Postcode:		

*Tick all boxes that apply

Section 5 Parent/Guardian Background Information

The information requested in this section is collected for national reporting purposes. All parents across Australia are being asked to provide this optional information. It will be used to assist school education authorities in ensuring funding and teaching resources are appropriately allocated to Territory schools as part of the *National Education Agreement.*

Does the parent/guardian speak a language other than English at home?
If more than one language, indicate the one that is spoken most often.

Parent/guardian 1	Parent/guardian 2
☐ No, English only ☐ Yes, other – please specify _____	☐ No, English only ☐ Yes, other – please specify _____

What is the **highest** year of primary or secondary school the parent/guardian has completed?
For persons who have never attended school, mark Year 9 or equivalent or below.

Parent/guardian 1	Parent/guardian 2
☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent or below	☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent or below

What is the level of the **highest** qualification the parent/guardian has completed?

Parent/guardian 1	Parent/guardian 2
☐ Bachelor degree or above ☐ Advanced diploma/Diploma ☐ Certificate I to IV (including trade certificate) ☐ No non-school qualification	☐ Bachelor degree or above ☐ Advanced diploma/Diploma ☐ Certificate I to IV (including trade certificate) ☐ No non-school qualification

What is the occupation group of the parent/guardian?
Please select the appropriate parental occupation group below (for more details refer to Appendix 2).
If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.

Parent/guardian 1	Parent/guardian 2
☐ **Group 1** Senior management in large business organisation, government administration, and qualified professionals ☐ **Group 2** Other business managers, arts/media/ sportspersons, and associate professionals ☐ **Group 3** Tradesmen/women, clerks and skilled office, sales and service staff ☐ **Group 4** Machine operators, hospitality staff, assistants, labourers and related workers ☐ **Other** Not in paid work in the last 12 months	☐ **Group 1** Senior management in large business organisation, government administration, and qualified professionals ☐ **Group 2** Other business managers, arts/media/ sportspersons, and associate professionals ☐ **Group 3** Tradesmen/women, clerks and skilled office, sales and service staff ☐ **Group 4** Machine operators, hospitality staff, assistants, labourers and related workers ☐ **Other** Not in paid work in the last 12 months

Section 6 Sibling Information

Does the student have any brothers or sisters **at this school?**	☐ Yes ☐ No If yes, provide details below		
	Sibling's given names	Surname	Date of birth
			/ /
			/ /
			/ /
			/ /

Section 7 Additional Emergency Contacts

For an emergency where the parent/guardian/carer cannot be contacted, please provide alternative contacts. For independent students this is the 1st point of contact in an emergency.

	Contact 1	**Contact 2**
Title: (Mr/Ms/Mrs/Miss)		
Name:		
Relationship: (e.g. aunt, friend)		
Phone 1:		
Phone 2:		

Section 8 Medical Details and Consent

Does your child suffer from any of the following?
(Tick all the boxes that apply)

☐ Allergies ☐ Asthma ☐ Diabetes

☐ Seizure disorder (e.g. epilepsy) ☐ Hearing impairment ☐ Physical disability

☐ Speech impairment ☐ Visual impairment ☐ Intellectual/learning impairment (e.g. dyslexia)

☐ Acquired brain impairment ☐ Mental health or behaviour issue (e.g. depression, ADHD)

☐ Other, please specify: _____

If you have ticked any of the boxes above please provide further information. Also provide details if the student has any special needs or requires support in school (including details of previous special needs assessments undertaken by a school etc).

NOTE: School staff will administer first aid, seek medical assistance or call an ambulance for the student being enrolled if they judge this to be necessary.

☐ Medication required. Please supply details of any treatments, care or medication required. (contact school for relevant forms)	
Relevant medical consent forms completed and attached:	☐ Yes ☐ No, not required
Immunisation certificate/record provided:	☐ Yes ☐ No
I give consent to the sharing of health information between schools and Department of Health and Families (DHF) as stated in the privacy statement (for more details see Appendix 1). Health information may be shared with DHF, which offers student health services including nursing, dental, audiology and general health advice. DHF provides feedback to the schools after health checks (e.g. vision or hearing results.)	☐ Yes ☐ No
I give consent to a school health surveillance check when my child is in Transition and/or Year 1 (if applicable).	☐ Yes ☐ No
I give consent to my primary school child having a dental examination (if applicable). Parents/guardians will be notified of the result and asked to give consent for any treatment or referrals. No treatment will be carried out without a current signed consent. Parents/guardians are encouraged to accompany their child to appointments. More information available on website www.health.nt.gov.au/oral_health NB: Eligibility for public oral health services is restricted to defined client groups and excludes some visa subclass numbers. Information regarding eligibility can be found at www.health.nt.gov.au/Oral_Health/Child_and_Adolescent_Services/index.aspx	☐ Yes ☐ No

Section 9 Additional Consents

Consent for publication of a student's Photo and Work

DoE may record sound and/or vision of a student and their work while they are at school or taking part in school related activities or performances. Photographs of students involved in activities, and work by students, are often published to enable the students to share their experiences and to enable parents and others to be informed about the school or college's work. This does not mean that the student loses ownership of the works.

Please provide consent for the following:

	Use of Student Photograph	Use of Work by Student	Publishing Student First Name	Publishing Student Surname
School/College Newsletter	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
School/College Yearbook	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
School/College/Department Website	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

** Consent for all other media usage should be sought as and when required.*

Consent for library use I give consent to authorised access of the student's contact details and library borrowings by LINNet (Libraries in the Northern Territory) and associated libraries. School libraries use the contact details to provide library borrowing services to students, and may share this information with LINNet and associated libraries. Only authorised library personnel will have access to this information. Please note failure to provide the information in full or part may result in limiting or preventing the student from borrowing from the school library.	☐Yes ☐No
Consent for attending religious instruction I give consent for the student to attend religious instruction. Name of religious instruction you wish the student to attend:	☐Yes ☐No

It is your responsibility to notify the school in writing of any changes to the information provided on this enrolment form.

Name of parent/guardian/independent student enrolling the student and providing consents:

_____
(Please print)

Relationship to student: _____

Signature: _____ Date: / /

Name of school witness: _____
(Please print)

Signature: _____ Date: / /

APPENDIX 1 Privacy Statement

For more information regarding the Department of Education (DoE) obligations in relation to protecting your privacy, visit http://www.education.nt.gov.au/about-us/foi or contact a DoE Information Officer on (08) 8901 4907. We need enrolment details for the following purposes:

Student Details

- This information is required to discuss matters regarding the student's education, for contact in an emergency or for other educational purposes. These other educational purposes may include:
  - the determination of the number of school aged children in a region, allowing DoE to plan resourcing for schools;
  - to assist in the provision of transport to and from schools;
  - to determine whether all school-aged children are enrolled in an educational facility as required by the NT *Education Act;*
  - any requirements under relevant laws of either the Northern Territory or Australian Government; and
  - students' names and demographic information may be verified against health records.

Student and Parent Background Information

- Some of this information is a standard requirement on all enrolment forms Australia wide as part of the National Education Agreement. The information you provide will assist school education authorities in ensuring funding and teaching resources are appropriately allocated to Territory schools. Some of this information will be forwarded to the Australian Government as required under the appropriate legislation.

Additional Emergency Contacts

- This is required in the event that the school is unable to contact parents/guardians. Please ensure that the people named have agreed to their details being provided to the school.

Special Family Circumstances

- Additional information about parents/guardians. This is needed so that we are aware of family arrangements e.g. foster care, dual custody, access restrictions. Please provide any relevant Court Orders including access restrictions and parenting plans, and inform the school as soon as possible about any changes to your family arrangements.
- Contact your school principal if you would like to discuss, in strict confidence, any matters relating to these arrangements.

Medical Details and Consents

- Health information is required so that our staff can properly care for your child. Please ensure this is up-to-date, as incomplete or inaccurate health information may put your child's health at risk.
- Contact information may be shared with staff of the Department of Health and Families (DHF) should nurses, dentists, audiology staff and health workers need to contact parents/ guardians. The school may need to disclose personal and sensitive information to medical practitioners, and people providing services to the school, including specialist visiting teachers and counsellors.
- We require details of student medical conditions and/or disabilities, and medication they may need while at school. If possible, please provide medication to the school in an authorised pharmacy packet.
- Please inform the school if your child develops a medical condition that may require regular or emergency treatment by school staff.
- Medical information will be shared with school staff on a "need to know" basis. Relevant sections of your child's medical records may be held at the school in suitable locations to ensure that appropriate action is taken in emergencies.
- Health information may also be shared with DHF, which offers student health services including nursing, dental, audiology and general health advice. DHF provides feedback to the schools after health checks (e.g. vision or hearing results) to ensure the student is properly cared for at school.
- DHF may provide medical information back to the school to assist in planning appropriate health interventions and to assist in classroom curriculum activities.

Please contact the school if you require further information or clarification regarding the DoE Medications Policy.

Access to Your Child's Record Held by the School

In most circumstances you are able to access your child's records. Please contact the Principal to do so. If you have any concerns about the privacy of this information please contact the Principal.

APPENDIX 2
List of Parent or Guardian Occupation Groups

Group 1
Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executives/manager/department head in industry, commerce, media or other large organisation.
Public service manager (Section head or above), regional director, health/education/police/fire services administrator
Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]
Defence Forces Commissioned Officer
Professionals generally have a degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.
- **Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional
- **Business** [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
- **Air/sea transport** [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group 2
Other business managers, arts/media/ sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
Specialist manager [finance/engineering/production/ personnel/industrial relations/sales/marketing]
Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]
Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]
Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]
Associate professionals generally have diploma/ technical qualifications and support managers and professionals.
Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional
Business/administration [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]
Defence Forces senior Non-Commissioned Officer

Group 3
Tradesmen/ women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/ women are included in this group.
Clerks [bookkeeper, bank clerk/PO clerk, statistical/ actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/ registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/ transport/ shipping clerk, bond clerk, customs agent, customer services desk, admissions clerk]
Skills office, sales and service staff
- **Office** [secretary, personal assistant, desktop publishing operator, switchboard]
- **Sales** [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]
- **Service** [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4
Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.
Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]
Office assistants, sales assistants and other assistants.
- **Office staff** [typist, word processing/data entry/business machine operator, receptionist, office assistant]
- **Sales** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
- **Assistant/aide** [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers
- **Defence Forces** ranks below senior NCO are not included above
- **Agriculture, horticulture, forestry, fishing, mining worker** [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
- **Other worker** [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

Northern Territory Government

DEPARTMENT OF **EDUCATION**

Student Consent Form – Media & Intellectual Property

This document gives the Northern Territory of Australia (NT) and its Department of Education (DoE) permission to use works created by students in the course of their studies for purposes associated with the promotion of DoE or the Northern Territory and in educational resources created or published by DoE or the Northern Territory. This does not mean that you, the student, lose ownership rights over your works—simply that DoE has permission to use your works for the purposes mentioned.

It also gives permission for NT and DoE (and media organisations, but only with DoE permission) to use audio and visual recordings of students in publications, communications and media generally.

Name of Student:

……...

Name of Parent/Guardian:

……..

Address:

……..

1. During the course of my studies with DoE I may produce works that create intellectual property rights, for example, copyright. These works may form part of my academic assessment or my studies generally.

2. These works might include my written work (e.g. stories and poems), paintings, pictures, drawings, designs, photographs, videos, films, music, performance, computer programs, web sites, sculptures, fashion or costume, metal or wood works or any other works I create.

3. DoE may record sound and/or vision of me and my works whilst I am at school or taking part in school-related activities or performances.

4. DoE understands that I own the intellectual property rights in my works and that this Consent Form is not meant to transfer my ownership.

5. I give permission to NT and DoE (and media organisations, but only with DoE permission) to use my works, my sound/vision, and/or my name in publications, communications and media generally.

6. I understand that should I choose to withdraw my permission, I can only do so by notifying DoE in writing, and understand that my withdrawal of permission is not retrospective.

7. DoE understands that I may choose to give permission to other people to also use my works.

8. I understand that by giving this permission, DoE can use my works, my sound and/or my vision in any way it chooses, for the purposes described above. It may be reproduced in any form, in whole or in part, and distributed by any medium including but not limited to Intranet, Internet, CD, DVD, social media, or other multimedia uses.

9. DoE may disclose my works, my sound/vision, and/or my name or permit other people to use and reproduce these on similar terms to this consent. I understand that DoE may not always name me in recordings, images or copies of my work and consent to any uses that might otherwise breach my moral rights (eg the right to be named as the creator of my work).

10. I understand that I will not be paid by DoE for giving this permission or for the use of my works, sound or vision.

11. Wherever possible, the Northern Territory of Australia will remain sensitive to and understanding of cultural, family and personal sensitivities.

    Are you of Indigenous or Torres Strait Islander descent? ☐ Yes ☐ No

12. As the parent/guardian signing this consent form I understand that if I or other members of my family are participants at school events involving my child, that sound or vision of me or other members of my family may also be used by the NT and DoE in publications, communications and media generally.

.....	.....
Signature of student:	**Signature of parent/guardian:**
.....	.....
Signature of Witness:	**Signature of Witness:**
.....	.....
Name of Witness:	**Name of Witness:**
Date: …….. / …….. / ……..	**Date:** …….. / …….. / ……..

Collected on behalf of the Northern Territory of Australia by:

.....	.....
Name:	**Signature:**
(Teacher's Name)	

The Northern Territory of Australia is collecting the information in this form to obtain permission to use visual and audio recordings in Northern Territory of Australia publications, communications and media generally. Visual and/or audio recordings, or personal information included in this form may be supplied to contractors or service providers engaged by the Northern Territory of Australia to develop or produce publications, communications and media generally. Visual and/or audio recordings or personal information included in this form may also be provided to media organisations for DoE promotional and news purposes. You are entitled at any time to access and amend the information provided by you on this form. Withdrawal of permission is not retrospective.

Northern Territory Government, GPO Box 4396, Darwin NT 0801, Australia

For more information please contact:

Agency Name: SANDERSON MIDDLE SCHOOL **Telephone No:** 8927 8899

SANDERSON MIDDLE SCHOOL
T. (08) 8927 8899 • F. (08) 8927 2127
E. sanderson.middle@ntschools.net
PO Box 189 SANDERSON NT 0813
Matthews Road WULAGI NT 0812

Excellence in Learning

ACCEPTABLE USE AGREEMENT FOR STUDENTS – ICT

Sanderson Middle School provides all students enrolled at the school with Information Communication and Technology (ICT) facilities to be used for class work, research, the preparation of assignments and communication. Care must be taken to ensure the resources are protected from harm and that no users are exposed to materials considered offensive or illegal.

1. Only software purchased or approved by the school, and installed by the school, can be used on school equipment.
2. Students must follow the rules posted for the use and care of the computer equipment at all times.
3. Students using the ICT facilities may only do so under the supervision of school staff.
4. The sharing of passwords is a security risk consequently students must not give their password to other students or log in with another users name under any circumstances.
5. All users must log off when leaving a computer.
6. Virus protection is very important. Students are not to transfer work between the school network computers and computers outside the network by any means.
7. Printing of materials of a personal nature or unassociated with school activities is not permitted unless approval is sought from a school staff member. This may incur a charge.
8. The use of ICT facilities, specifically the Internet, is for educational, communication and research purposes only:
   - ❖ Deliberate attempts to look for or download and use material that is illegal or which would be thought of as offensive is not permitted.
   - ❖ Students must not use inappropriate language or harass others when communicating online.
   - ❖ Privacy and ownership of others' work and materials from web sites must be respected at all times.
   - ❖ The use of direct communications such as on-line chat facilities must only be carried out under the supervision of a staff member and must only be as part of education on-line activities.
   - ❖ This agreement acknowledges that there are times where a student may be required to provide personal details. Such details are not to be provided by the student unless permission is given by a teacher.

Note: Deliberate misuse of computer equipment and software or deliberate breaches of the conditions of this agreement may result in access restrictions to ICT facilities by the student(s) involved and result in discipline by school administration.

SIGNATURE OF STUDENT: **SIGNATURE OF PARENT/GUARDIAN:**

_____ Date: _____ _____ Date: _____

Collected on behalf of the Northern Territory of Australia and signatures witnessed by:

_____

(TEACHER)

Date: _____

SANDERSON MIDDLE SCHOOL
T. (08) 8927 8899 • F. (08) 8927 2127
E. sanderson.middle@ntschools.net
PO Box 189 SANDERSON NT 0813
Matthews Road WULAGI NT 0812

Excellence in Learning

PERMISSION TO VIEW PG RATED VIDEOS/FILMS

As part of your child's studies at Sanderson Middle School they may be shown a PG rated video/film.

Your permission is required for your student to view a PG rated video/film. Would you please complete the form below.

Students who are not permitted to view PG rated videos/films will pursue a study of the concepts using alternative resources.

Yours sincerely

Robert McIntosh
Principal

I give permission for my student _____

to watch PG rated videos/films at Sanderson Middle School as part of their studies.

Signed: _____ (Parent/Carer) Date: _____

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E. sanderson.middle@ntschools.net
PO Box 189 SANDERSON NT 0813
Matthews Road WULAGI NT 0812

Excellence in Learning

Dear Parent/Carer/Guardian

Sanderson Middle School has developed a plan for responding when a serious incident or tragedy occurs.

When such an event happens, teachers and students are offered support by the school counsellor and or by an external agency who may be asked to provide additional emotional support at that time.

If we (the school) feel it is necessary, we would like to be in a consenting position to support your child to be provided with a voluntary session with the school counsellor and or the external service provider who will be on site and readily available to offer immediate advice and support.

Before any child is seen by a school counsellor or external support agency (unless is bordering on or in the area of child protection) parental consent is usually required. We strive to work in partnership with parents/carers and will always make every effort to gather this in the first instance.

However, in the unlikely event of being unable to contact you at the time of any incident, we are writing to seek your consent for your child to be seen by a member of our 'Wellbeing Team" or an experience professional from an external psychological support agency as part of our school's immediate, one off or ongoing response.

This consent will allow us to support your child in the best way possible. This support could be provided as a one to one, in a small group or as part of a class group.

If you wish to discuss this, we are more than happy for you to make contact with our school counsellor – Claire Mobley on 8920 1032 at your convenience.

Yours sincerely

Robert McIntosh
Principal

Dear Parent, Carer or Legal Guardian: Please fill in the form below confirming that you have read this letter and stating whether **you wish** or **do not wish** to have your child supported by a school counsellor.

I have read this letter and **I give consent – I do not consent** for ..... to be supported by the school counsellor or associated agency who may be supporting the school.

Parent/Carer/Guardian: _____ _____ _____
Name Signature Date

PLEASE NOTE - ***The school will assume your agreement if you do not return this slip stating that you do not wish to have your child supported by the school counsellor or associated agency supporting the school, within the school.***

(F36A)

SANDERSON MIDDLE SCHOOL
T. (08) 8927 8899 • F. (08) 8927 2127
E. sanderson.middle@ntschools.net
PO Box 189 SANDERSON NT 0813
Matthews Road WULAGI NT 0812

Excellence in Learning

Library System Permission

In 2016 the Northern Territory Library together with our school delivered an exciting new library system across the Territory, providing Territorians with a simpler and smarter library experience.

Built on a cloud-based platform and designed to support inter-library collaboration, the system takes advantage of improvements in technology, offering a more user friendly experience to Territorians.

As the system is located outside of the Northern Territory, to have a library membership and enjoy access to the online library features, we need to store your personal information in the new system.

According to the NT Information Act, we require your consent to securely store your personal data outside of the Territory for the purposes of library business only.

I authorise permission for personal data for myself and my dependents:

1. to be stored outside the Northern Territory and, where required, Australia
2. to be stored securely; and
3. for the purposes of library business only, in accordance with the Information Act and Information Privacy Principles for the collection and handling of personal information.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Privacy Statement: Sanderson Middle School recognises the importance of protecting your privacy. Information you provide is used only by **Sanderson Middle School** and not sold or given to third-parties unless required by law.

Office Use Only

Added to SAM's: ☐ Staff initials: _____ Date: _____

Added to Library System: ☐ Staff initials: _____ Date: _____

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Excellence in Learning

POLICY

ACCEPTABLE USE AGREEMENT FOR SCHOOL OWNED AND PERSONAL ELECTRONIC DEVICES

Effective Date: 04/02/2014
Last Reviewed Date: 04/02/2014 **VERSION NUMBER:** No. 1
Target Audience: Staff/Parents/Students

1. DEFINITION OF AN ELECTRONIC DEVICE

Includes but is not limited to, iPads, electronic tablets, laptop computers, music and video players, still and video cameras, voice recorders, instant messaging services, personal digital assistants and handheld games. Mobile phones are not considered an Electronic Device under this agreement. This agreement includes school and personally owned devices, *Mobile phones are not be brought to school unless a Permission to Bring a Mobile Phone to Sanderson Middle School form has been completed and signed by parents. Mobile phones must be handed in to Reception at the beginning of the day and collected after school.*

2. BUSINESS NEED

This agreement is to be signed by the Parent/Carer and their child:

1. when being issued a school owned device to take home
   or
2. when a student wishes to use their own electronic devices at school

The school must grant permission for a student to take a school owned device home and/or to use a personal electronic device on the school grounds. **Permission will only be granted for using personal iPads and electronic tablets at school (no other devices)**.

This agreement is to be completed in addition to the Department of Education's Acceptable Use Agreement for Students.

An information night for parents/carers will be held in term one of each year to explain the Acceptable Use Agreements.

3. PROCEDURE

Once this agreement has been signed and completed it is to be returned to Reception for an Electronic Device Permission Card (form 117) to be issued.

To be issued a school owned device the teacher must sight the Electronic Device Permission Card.

The card must be carried by students at all times as teachers will ask to sight the card when students are using devices on the school premises and within the school environment.

Northern Territory Government

4. RESPONSIBILITIES

Parent/Carer Responsibilities

1. If a student is issued with a school owned device the Parent/Carer will be liable for the cost of repairs and/or replacement should the device be damaged or lost, whether accidental or deliberate. The current replacement cost of an Apple iPad is $371. Damaged devices will not be replaced until payment has been received. School owned devices remain the property of Sanderson Middle School. The school retains the right to remove the device from the student at any time for any breach of this agreement.

2. School owned devices will be issued with the necessary apps already installed. If the student logs on to the app store from a personal or family account the Parent/Carer will be liable for the cost of any purchases made.

3. The Parent/Carer must support and reinforce this agreement and ensure their child is complying with the agreement.

Student Responsibilities

School Owned and Personal Devices

1. Students may only use devices in classes where the teacher has given permission. Teachers are strongly encouraged to allow students to used their devices in class where appropriate.

2. Whilst at school devices are to be used for educational purposes only.

3. Devices (other than mobile phones) with SIM cards are permitted but using the SIM Card to access a site that is blocked in the NTSchools domain will be a breach of acceptable use.

4. The student is solely responsible for backing up applications and other content from their device. The school accepts no liability for the loss of any data, regardless of the cause.

5. When using the device:
    - Deliberate attempts to look for and/or download and use material that is illegal or that would be considered offensive are not permitted.
    - Inappropriate language or harassment of others when communicating online is not permitted.
    - Privacy and ownership of others' work, including materials from web sites, must be respected and copyright law adhered to at all times.

6. The student will not use the device to take photos or to record videos or sound except for educational purposes and with the consent of the person(s) recorded.

7. The student will not use the device to access another person's email, iTunes or internet accounts without that person's permission.

8. There are times when a student may be required to provide personal details. Such details are not to be provided by the student unless permission is given by a teacher when at school, or the students' Parent/Carer outside of school.

9. Students must act carefully, responsible and with respect for others. If at any time they are unsure what to do in a particular circumstance or if something occurs they are not comfortable with they should discuss it with a teacher or their Parent/Carer.

School Owned Devices

Students must take all possible care of the device including:

- Storing and using it in a safe environment at home
- Transporting it between home and school in a suitable carrier that provides protection from scratches, blows and moisture
- Maintaining safe possession of the device at school

Personal Devices

The student is responsible for keeping the device safe. The school accepts no liability for property lost, stolen or damaged at school but will investigate and endeavour to recover it if lost/stolen. All lost property should be recorded on a form at Reception.

5. MISUSE OF A SCHOOL OWNED OR PERSONAL ELECTRONIC DEVICE

- Misuse of a device will be treated like any other student misbehaviour.
- Teachers should use 3 warnings or remind, warn, act as they would for any other misbehaviour.
- Misbehaviour using devices will be dealt with in accordance with the Good Standing policy.
- For a major breach the device will be removed from the student immediately. Major breaches include:
    - Photographing or videoing a student or teacher without their express permission
    - Accessing offensive or illegal material
    - Cyberbullying
- For any other breach the classroom teacher may confiscate the device for the remainder of that lesson but must return it at the end of the lesson. Students who are repeatedly breaching the Acceptable Use Agreement Personal Electronic Devices may be referred to the Senior Teacher Information Technology or Assistant Principal Wellbeing for further action.

6. RELATED POLICY, LEGISLATION AND DOCUMENTS

- DoE Mobile Phones and Electronic Devices in the School Environment Policy
- DoE Mobile Phones and Electronic Devices in the School Environment Guidelines
- Flowchart Use of a School Owned and Personal Electronic Device by Students
- Electronic Device Permission Card

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Excellence in Learning

ACCEPTABLE USE AGREEMENT FOR SCHOOL OWNED AND PERSONAL ELECTRONIC DEVICES

Declaration

I understand and agree to the ***terms and responsibilities outlined in the Sanderson Middle School Acceptable Use Agreement for School Owned and Personal Electronic Devices***.

I also ***understand and agree for safety reasons Sanderson Middle School has a Mobile Phone Policy*** that states:

- Students who bring a mobile phone to school need to hand their mobile phone into Reception before 8.00am.
- Mobile phones are picked up from Reception at 2.10pm.
- A student found with a mobile phone on them in school times will have it confiscated and can pick it up from Reception at 2.10pm.

Name of Student	**Signature of Student**	**Date**

Name of Parent/Carer	**Signature of Parent/Carer**	**Date**

OFFICE USE ONLY

Pages 1-3 to be kept by the student/parent.

Page 4 to be kept by Reception and placed on student file. To be recorded on the spreadsheet.

NORTHERN TERRITORY GOVERNMENT

DEPARTMENT OF EDUCATION

PARENT/ CAREGIVER CONSENT AUTHORITY

Child/Student SURNAME:	**Date of Birth** Click here to enter a date.	
Child/Student GIVEN NAME:	**Age**	**School year level:**
School:	☐**Male** ☐**Female**	

FAMILY DETAILS			
☐ Mother ☐ Caregiver ☐ TF Case Manager Name		☐ Father ☐ Caregiver ☐ TF Case Manager Name	
Home address☐ Primary Residence		Home address ☐ Primary Residence	
Postal address		Postal address	
Phone (business hours)	Mobile	Phone (business hours)	Mobile
Email		Email	
Interpreter required? ☐Yes ☐ No	If yes, please specify for whom and which language		

AGENCIES OR PROFESSIONALS eg Medical Specialist, General Practitioner, NDIS, Therapist		
Agency Professional	**Contact Person**	**Contact Details**

The school team should ensure that the student and parents (where applicable), are supported to understand the role of Student Wellbeing and Inclusion advisors and to record agreement with actions as listed below, where appropriate:

INFORMED CONSENT

The school team has discussed with me the educational support requirements for my child and I agree to work with the school team to achieve positive learning outcomes for my child.
I consent to the school sharing relevant personal information about my child with a Student Wellbeing and Inclusion advisor. I understand that the name of this advisor will be provided to me.
I consent to the provision of services to my child by Student Wellbeing and Inclusion, which may include assessment, counselling, observation, advice, in-class support, teaching strategies and ideas, and the development of a plan to meet the needs of my child.
I consent to Student Wellbeing and Inclusion obtaining medical and educational information from other agencies which is considered relevant to the provision of services to my child. This includes medical reports, hearing and vision assessments and any other relevant allied health or education reports.
I agree that any information collected about my child will be accessed and collated as confidential information and placed on a secure electronic database and hard-copy file in regional offices.
I consent to the use of the collected information about my child for the purposes of compiling a developmental learning profile.

Parent/ Caregiver Signature:	**Date:**
Parent/ Caregiver Name:	
Student Signature:	**Date:**
School Team Representative Name:	**Position:**
School Team Representative Signature:	**Date:**