



Child's Name: _____

VALID FOR THE PERIOD THE CHILD ATTENDS THIS SCHOOL

PHOTOGRAPH PERMISSION

At Kensington Primary School we are very proud of our programs and activities and are keen to share what happens at our school with the wider community. At times throughout the year we have representatives from the media (mainly newspapers) taking photographs etc. in various aspects of the school's programs.

It is a requirement that parent/guardian permission is given before children's photographs can be taken for media requirements, displays, website, promotional events and/or published. Please indicate your willingness to allow your child to have his/her photograph taken for this purpose, if it should arise whilst a student at this school, by signing the permission section below. Only student's first names, and not surnames, would be released for publication.

I give permission for my child to have his/her photograph taken and possibly published in relation to Kensington Primary School activities whilst he/she is a student at this school both on internal print and digital media and local media publications. I understand that my child's image may be published in a local newspaper or online (eg: school website).

Signature(s) of Parents/Guardians: _____ Date: _____

HEADLICE CHECKS

Head lice management is a complex issue for schools. While parents/guardians have primary responsibility for the detection and treatment of head lice, schools also have a role in the management of head lice infections by providing support for parents/guardians and students. In accordance with Public Health and Wellbeing Regulations 2009, students will not be allowed to attend school until head lice has been treated.

Permission is requested allowing your child to have their head inspected by trained staff authorised by the Principal. Only students who have signed consent will be inspected. However, all students will be visually checked for the presence of head lice or lice eggs.

I give permission for my child to have a head lice inspection if required by staff delegated by the principal.

Signature(s) of Parents/Guardians: _____ Date: _____

PERMISSION TO SPEAK TO KINDERGARTEN (future Foundation) / PREVIOUS SCHOOL (other than Foundation)

I give permission for Kensington Primary School's Principal / Assistant Principal to contact my child's kindergarten / child care center (future Foundation) or school (other than Foundation).

Kindergarten/Childcare Centre: _____ Tel No.: _____

or School: _____ Tel No: _____

Signature(s) of Parents/Guardians: _____ Date: _____