



Derby District High School

PMB 958

Derby WA 6728

Ph: 08 9193 3000

Email: derby.dhs@education.wa.edu.au

WA PUBLIC SCHOOL STUDENT ENROLMENT FORM

Please complete the *Student Enrolment Form* and return it to the school for confirmation of this student's enrolment. Family details should include details of parents or carers residing at the same address as the student being enrolled. Any details relating to parents not residing with the student may be included in the Parent/responsible person details section of this form. Please place X in ☐ provided.

When you enrol your child at this school, please check that you have the following:

- Birth certificate ☐
- Identity documents (if applicable) ☐
- Immunisation certificate ☐
- Court order (if applicable) ☐
- Proof of address ☐

If your child was not born in Australia, you must provide:

- Evidence of the date of entry into Australia;
- Passport or travel documents; and
- Current visa and previous visas (if applicable).

In addition, if your child is a temporary visa holder you must provide:

- Confirmation of enrolment or evidence of permission to transfer provided by Education International (if holding an International full fee student visa, sub class 571); or
- Evidence of the visitor and temporary resident visa (other than sub class 571 referred to above); or
- Evidence of the visa for which the student has applied (if the student holds a bridging visa).

INFORMATION TO BE PROVIDED

Where an item is marked with an asterisk (*) the information must be provided. This information is required by the Western Australian Department of Education to meet legal obligations. All other information is needed to meet the purposes outlined below.

While it is not a legal requirement to provide all of the details requested in the *Enrolment Form*, the information is sought to enable the Department to:

- Undertake administrative and child/student care responsibilities including maintaining emergency contact information;
- Communicate with you about important matters;
- Provide first aid and plan for student health support requirements. For a student with a disability who has significant and complex support needs the principal will negotiate to delay the first day of attendance with the parent/responsible person if the necessary teaching and learning adjustments are not currently available at the school;
- Collect necessary statistical information and undertake analysis of the composition and performance of the student population; and
- Meet State and National reporting requirements.

It is compulsory to advise of change of details in relation to student's name, usual place of residence and/or name and usual place of residence of Parent/responsible person.

SECURITY AND CONFIDENTIALITY

The information provided in *Enrolment Forms* is stored securely in local school and Departmental databases. The management of these databases is governed by State and Departmental policies to ensure security, privacy and confidentiality.

ASSISTANCE WITH COMPLETING THIS FORM

If you require assistance completing this form, including translation services, please contact your school¹.

¹ Valid as of 22.8.2006
Enrolment

STUDENT DETAILS

* Surname: _____ * Legal Surname: _____

* 1st Name: _____ * 2nd Name: _____

Preferred Name: _____

Email Address: _____

* Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female

* Residential Address: _____

Postcode: _____

* Telephone

* Work Telephone

* Mobile

Names of brothers and sisters attending this school:

* Is this student in the care of the Department for Community Development's (DCD) Chief Executive Officer?

YES ☐ NO ☐

If YES, please specify the name of the DCD Case Manager, their DCD District and their contact phone number.

* Is this student subject to any court orders in respect of their care, welfare and development?

YES ☐ NO ☐

If YES, please specify and attach supporting documentation.

Parent/Responsible Person Details

Child lives with:

Both Parents ☐ Parent 1 ☐
Neither Parent ☐ Parent 2 ☐

Is this student subject to Access Restriction?

YES ☐ (If YES, please attach supporting documentation) NO ☐

Emergency Contact

Indicate, by placing a number in the box, the order in which the following people should be contacted in an emergency. Telephone number must be specified for the preferred emergency contact.

Parent/responsible Person 1 ☐ Parent/responsible Person 2 ☐ Other Contacts ☐

Parent/Responsible Person 1 – Details (this should be the most available SMS contact)

Title: _____ * First Name: _____ * Surname: _____

Please indicate relationship to the student: _____

* Postal Address (if different from student residential address): _____

Postcode: _____

* Telephone _____

* Work Telephone _____

* Mobile _____

Email Address: _____

Occupation/Workplace: _____

Do you mainly speak English at home? YES ☐ NO ☐

Do you 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: _____

What is the highest year of primary or secondary school you have completed?

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 you have completed?

Bachelor degree or above ☐Advanced diploma/Diploma ☐Certificate I to IV (including trade certificate) ☐No non-school qualification ☐*(If you did not attend school, mark 'Year 9 or equivalent or below')*What is your occupation group? ☐ (Write 1, 2, 3, 4 or 8)

Please select the appropriate parental occupation group from the list provided (last page). If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above.

Parent/Responsible Person 2 – Details

Title: _____ * First Name: _____ * Surname: _____

Please indicate relationship to the student: _____

* Postal Address (if different from student residential address): _____

Postcode: _____

* Telephone _____

* Work Telephone _____

* Mobile _____

Email Address: _____

Occupation/Workplace: _____

Do you mainly speak English at home? YES ☐ NO ☐

Do you 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: _____

What is the highest year of primary or secondary school you have completed?

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 you have completed?

Bachelor degree or above ☐Advanced diploma/Diploma ☐Certificate I to IV (including trade certificate) ☐No non-school qualification ☐*(If you did not attend school, mark 'Year 9 or equivalent or below')*What is your occupation group? ☐ (Write 1, 2, 3, 4 or 8)Please select the appropriate parental occupation group from the list provided (last page). If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above².

Other Contact - Details

Title: _____ * First Name: _____ * Surname: _____

Please indicate relationship to the student: _____

* Postal Address (if different from student residential address): _____

Postcode: _____

* Telephone

* Work Telephone

* Mobile

Email Address: _____

Occupation/Workplace: _____

Please advise the school if there are any other contacts you would like recorded

Student Details – Additional Information

Religion: _____ Is the student to be withdrawn from religious instruction? YES ☐
NO ☐

Is the student of Aboriginal or Torres Strait Islander origin?

☐ NO

(For students of both Aboriginal & Torres Strait Islander origin

☐ YES, Aboriginal

Mark both 'YES' boxes)

☐ YES, Torres Strait Islander

Does the student mainly speak English at home?

YES ☐

NO ☐

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: _____

Out of school intake area: YES ☐ NO ☐

Health Card: YES ☐ NO ☐

* Medicare Card Number: _____ Expiry date __/__/__

* Citizenship: Australian ☐

Other - please specify _____

* Permanent Resident: YES ☐ NO ☐

* Temporary Resident: YES ☐ NO ☐

Visa Sub Class Number _____

Visa Sub Class Number _____

Visa Expiry Date _____

Visa Expiry Date _____

Date Entered Australia _____

Date Entered Australia _____

In Receipt of Allowance: Secondary Assistance ☐

Youth Allowance ☐

Assistance for Isolated Children (AIC) ☐

Abstudy ☐

Birth Certificate seen: YES ☐

NO ☐

Date sighted: ____/____/____

(or passport or Travel documents)

In which country was the student born? Australia ☐

Other - please specify: _____

* Previous School: _____ Year Level _____

Movement Reason (if applicable)³: _____

*Does the student have a disability? YES ☐ NO ☐

If YES, please specify Disability: _____

*Please indicate where you have documentation about your child's disability in any of the following areas. Copies of this documentation will be required for school records

☐ Autism Spectrum Disorder

☐ Severe Mental Disorder

☐ Deaf or Hard of Hearing

☐ Global Developmental Delay (prior to age 6)

☐ Specific Speech Language Impairment

☐ Vision Impairment

☐ Intellectual Disability

☐ Physical Disability

Student Details – Medical/Health

Does the student have a medical condition or intensive health care need? YES ☐ NO ☐

If YES, please specify.

- | | |
|---|---|
| <input type="checkbox"/> Allergy – Anaphylaxis | <input type="checkbox"/> Hearing condition (eg otitis media) |
| <input type="checkbox"/> Allergy – Other _____ | <input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diagnosed migraine/headaches | |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) | |

If the student has a medical condition or intensive health care need you will also need to complete a separate Health Care Authorisation.

Medical Practice (Name and Address): _____

Doctor's Name: _____ Phone: _____

Please provide details of any other information you would like noted.

Do you have ambulance cover? YES ☐ NO ☐

(If there is a medical emergency, parents or guardians are expected to meet the cost of the ambulance)⁴

Signature

Name of person enrolling student: _____

Signature: _____ Date: ____/____/____

OFFICE USE ONLY

Entry Date: ____/____/____	Date Transfer Note Sent: ____/____/____
Previous School: _____	Records Received: YES <input type="checkbox"/> NO <input type="checkbox"/>
Publications/Internet Permission Form Completed: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Contributions and Charges Billing: PG1 <input type="checkbox"/> ____% PG2 <input type="checkbox"/> ____% Other <input type="checkbox"/> ____%	
Immunisation records provided: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Form/Class: _____	House/Faction: _____
Entered on School Information System by: _____	Date: ____/____/____
Leave Date: ____/____/____ Destination: _____	Records Sent: YES <input type="checkbox"/> NO <input type="checkbox"/>

Parent Occupation Groups

(Relates to questions in Parent/Responsible Person 1 and Parent/Responsible Person 2 sections)

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation government administration & defence, and qualified professionals</p> <p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation</p> <p>Public service manager (section head or above), regional director, health/education/police/ fire services administrator</p> <p>Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p>Defence Forces Commissioned Officer</p> <p>Professionals generally have 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</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p>Other business managers, arts/media/sports persons and associate professionals</p> <p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/engineering/production/ personnel/industrial relations/ sales/marketing]</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer]</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p> <p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p>Clerks [bookkeeper, bank/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 clerk, admissions clerk]</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p>Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p> <p>Drivers, mobile plant, production/processing machinery and other machinery operators</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p>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]</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>
<p>These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories</p>			



Derby District High School

Expectations at Derby District High School

Dear Parents/Caregivers,

Thank you for enrolling your child/ren at Derby District High School. We understand the critical importance of working in partnership with parents/caregivers to enable children to have the greatest success at school. The goal of this cooperation is ensuring that all students succeed at school.

The below school expectations enable parents, students and staff to have a consistent understanding of the expectations and responsibilities of each other while at this school.

School staff at Derby District High School will:

- Promote a positive school culture. We believe that success continues to breed success;
- Develop understandings of Cultural Awareness, including Aboriginal history, culture, languages, traditions and ways of learning;
- Respect and value all students and acknowledge their cultural background and language;
- Have high expectations of students and their ability to learn and succeed;
- Ensure that the teaching and learning program is relevant to their students' lives and aspirations;
- Develop individualised plans (IEPs, BSPs) for students where appropriate;
- Provide duty of care for all students while they are at school, creating a safe and inclusive school that is free from discrimination, harassment and bullying;
- Carry out positive home visits to parents/caregivers/families to show examples of their child's work and give positive feedback;
- Investigate concerns of students, parents/caregivers and families provide feedback to them;
- Continue to welcome parents/caregivers/families into the school and encourage them to connect with their child's learning.

Parents/caregivers/families at Derby District High School will:

- Ensure their child attends school every day and contact the school if their child will be absent;
- Ensure their child comes to school in a school uniform and shoes, and brings a hat;
- Ensure their child has recess and lunch provided for them, or a canteen account;
- Ensure their child has the necessary school stationary requirements to participate in class activities;
- Expect school staff to provide quality teaching and learning programs for their children;
- Have high expectations of their child's ability to learn and succeed;
- Support their child's learning by asking about their school work, supporting them to complete any homework, reading with them and talking to them about good school behaviour;
- Encourage their child's interest in learning and discuss the importance and value of education;
- Praise their child's achievements and success;
- Endeavour to attend school assemblies when their child receives an award;
- Meet with school staff to discuss their child's progress at school at parent meetings;
- Be encouraged to contribute financially to their child's learning through contributing to school fees and camp charges.

Student attending Derby District High School are expected to fulfil the following responsibilities:

- Show Respect and Responsibility for themselves and to others at all times;
- Wear a uniform and shoes to school each day, and a hat at recess and lunch;
- Come to school prepared for class;
- Go to all classes on time during the school day;
- Stay in class unless you have your teacher's permission to leave and carry a pass;
- Use computers and all ICT responsibly;
- Not use mobile phones or personal electronic devices during class time;
- Not ride bikes, skate boards and scooters on school grounds at any time of the day;
- Not bring any personal sporting equipment to school;
- Not leave school grounds without permission.

Staff at Derby District High School appreciate your support in reinforcing the expectations outlined above with your child and ask that you sign the below slip acknowledging that you have read and discussed these school expectations with your child to enable the smooth orderly processes to take place in this school.

Yours sincerely,

Eliot Money
Principal
Derby District High School



I acknowledge receipt of the School Expectations and have discussed the contents with my child.

Student Name: _____

Student signature: _____

Parent Name: _____

Parent Signature: _____

Date: _____



Derby District High School

Derby Area Excursions Permission Note

Dear Parents/Caregivers

Throughout the course of your child's education at DDHS they will be involved in a variety of excursions within the Shire of Derby/West Kimberley. The majority of these excursions will occur within the township and the risks associated with each location are indicated below. Derby District High School wishes to acknowledge all predictable risks and gain your permission to take students to these locations with this in mind:

Derby Town Oval

Students may be exposed to injuries such as broken limbs, strained muscles, heatstroke and sunburn as an unintentional result of the activities undertaken at this location. All effort to eliminate and reduce any harm to students will be taken.

Derby Jetty

It must be noted that all activity on or around the jetty involves walking over or near tidal waters. All effort will be made to ensure students do not enter the water at any time. Teachers supervising will strive to ensure all environmental and incidental risks to students are removed.

Derby Recreation Centre

External providers are required to have a certificate of currency which ensures that all facilities are maintained and insurance policies are up to date. Derby DHS has obtained these documents and will continue to do so. All foreseeable risks will be assessed on site both prior to the excursion as well as on the day of.

A note will be sent home closer to each activity's date giving detailed information of the activity, staff attending and the mode of transport used. Events that will be held outside of Derby will require a separate permission slip for that excursion only. They will be sent out closer to the date of the event.

Please read this form, sign your consent at the bottom of the page and complete the medical component. If your child's medical information changes throughout the year, you **must** notify Derby DHS as soon as possible.

Yours sincerely,

Eliot Money
Principal
Derby District High School



I, _____ give permission for my child
_____ to attend all school activities within the Derby
township over the duration of their enrolment at DDHS. I understand that my child may be driven to the location
using a school vehicle, or by walking under the supervision of school staff. I understand that some of the locations
may include the Derby Town Oval, the Derby Recreation Centre, the Prison Boab Tree and Jila Café & Gallery. I
also give permission for the staff at Derby District High School to take my child to the hospital in the case of an
emergency. I am aware that normal school rules apply and the Education Department insurance does not cover
loss or damage of personal belongings.

Signed:

[Parent/Guardian]

Date:



Derby District High School

Water-based Excursions Permission Note

Dear Parents/Caregivers

Throughout the course of your child's education at DDHS they will be attending multiple events at the Derby Memorial Swimming Pool and other water-based areas of Derby. Events scheduled include the Primary Swim-offs, Faction Swimming Carnival, swimming lessons in Term 4 as well as various reward events and excursions. Please be aware that these events are likely to involve your child entering water, diving off the blocks at the pool, swimming the length of the pool and/or walking near water.

The students will be transported to and from the events in a school bus and supervised by at least 2 staff who hold a current bronze medallion as well as other staff in attendance. During each event all pool rules, as well as school rules, will apply.

When attending an event at the Derby Memorial Swimming Pool your child is required to bring the following items:

- Bathers
- Towel
- Hat
- Sunscreen (optional, supplied by Derby DHS)
- Water Bottle (optional, water fountain located at Derby Memorial Pool)

Please read this form, sign your consent at the bottom of the page and complete the swimming capability and medical component to indicate your child's current health and ability levels so that we can ensure their safety at all times within our care. By signing all components of this document, you will be giving your permission to allow Derby District High School to take your child to all the events previously listed.

A note will be sent home closer to each activity's date giving detailed information of the event, staff attending and the mode of transport used to and from the event's location.

If you require any further any information or have any questions, please contact the school on 9193 3000.

Yours sincerely,

Eliot Money
Principal
Derby District High School



I _____ give permission for my child _____
to attend school activities over the duration of their enrolment at DDHS at the Derby Memorial Swimming Pool and other water-based areas in the Derby township over the duration of their enrolment at DDHS. I understand that some events include the Primary Swim-offs, Primary Faction Swimming Carnival, reward days/events and swimming lessons. I understand that my child will be transported by the school bus to the Derby Memorial Swimming Pool for the events and be supervised by qualified Bronze Medallion holders at all times.

Swimming Ability (please circle): *Weak* | *OK* | *Strong* | *I am unsure. Please assess my child.*

Signed:
[Parent/Guardian]

Date:

UPDATE OF CONTACT INFORMATION

If you think any of your contact details, or your emergency contact's details, may have changed since you enrolled your child, please add them below.

Student's name: _____

Parent or guardian's full name: _____

Address: _____

Telephone number: HOME _____

WORK _____

MOBILE _____

Emergency contact name: _____

Telephone number: HOME _____

WORK _____

MOBILE _____

No change since enrolment (please mark with a cross). ☐

UPDATE OF MEDICAL INFORMATION

Medical details

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during school or excursion activities?

(Please circle): YES | NO

If "yes", give details:

NB: Staff cannot take responsibility for medical conditions of which they are unaware.

Is your child allergic to any medicine, food or other substance? (Please circle): YES | NO

If "yes", give details:

Health Care Plan

If your child has any condition which may affect his or her safety during the school day (like asthma, anaphylaxis etc.), it is a good idea to have a Health Care Plan with the school.

Does your child currently have a Health Care Plan at school? (Please circle): YES | NO

If yes, is their Health Care Plan up to date? (Please circle): YES | NO

If you think you should have a Health Care Plan for your child, please speak with the front office, the teacher or a deputy.

Medication

Parents/Guardians are required to make an arrangement with the school for the administration and/or safekeeping of any prescribed or over-the-counter medications your child needs to take during the school day. Please see the front office or teacher if your child needs to take any medication during the school day.



Derby District High School

Permission to Use Images of Student

The Department of Education & Training's Privacy and Security Policy and Procedures cover the use of personal information.

The procedures state that parents are to be advised as to the use to which photographs or digital images will be put and that written consent is to be obtained prior to publication.

Derby District High School uses student photographs in a number of publications. We use images as part of our teaching and learning program and as part of assessment and reporting processes. We also use them in public print such as newsletters and newspapers and digital forums such as our school Facebook page. All images and footage of school activities to be submitted onto public forums will be assessed by the Principal or a Deputy before being uploaded. We believe it is important for the achievements of students and the school to be acknowledged and celebrated but it is each parent's decision whether they would like their child's image to be included.

Please read this form and sign your permission at the bottom of the page to give or deny your consent. **These permissions will then be kept on each child's file for future reference. If at any time you wish to withdraw this consent, please advise us in writing.**

If you have concerns or queries, please contact school administration.

Yours sincerely,

Eliot Money

Principal

Derby District High School



I give permission for my child's photograph or image to be used in the following mediums throughout the course of their education at DDHS:

- Printed publications, e.g. newsletter, newspaper, brochures
- Online publications, e.g. school Facebook page
- Television footage

(Please circle):

YES

|

NO

Signed:
[Parent/Guardian]

Date:



Derby District High School

Paperless Correspondence

Many parents now opt to receive newsletters and other correspondence via email. This has successfully reduced the amount of paper the school sends out and therefore our environmental impact.

In addition to email, we also use Facebook and Skoolbag to provide information and reminders to families.

Opting to go paperless will ensure that you receive up to date information from the school allowing you to know what events are upcoming.

If you wish to receive correspondence via email, please complete the slip below and ensure that the information is correct.

- To find us on Facebook, search DerbyDHS.
- To connect via Skoolbag, download the FREE app by searching Derby District High School in your App Store.

If you have any questions, please contact Administration on 9193 3000.

Yours sincerely,

Eliot Money
Principal
Derby District High School



I, _____ parent of _____

would like the school to send the school newsletter and other relevant correspondence to me using my email address. My email address is:

Signed:
[Parent/Guardian]

Date:

Derby District High School

Acceptable Use Policy ICT

It is the intention of DDHS to improve student's communication skills, ethics and values with relation to collecting, gathering and using electronic data. An overall focus of this program is to enhance our students' ICT competence to encourage lifelong learning skills.

Students will be encouraged and educated on how to be 'Critical Users' of Internet materials and how to locate, process and utilise information. All students will now have access to the Internet and some will also have electronic mail facilities.

The use of computer and the Internet at Derby DHS is a PRIVILEGE, not a right. Failure to adhere to this policy will lead to disciplinary action. Wilful damage of any computer hardware may result in police involvement.

DIGITAL TECHNOLOGY USAGE

I agree to follow the rules set out below when using the Digital Technology at school:

- I will ask the teacher before I use any Digital Technology.
- I will follow all of the teacher's instructions when using any Digital Technology.
- I will not give out my password to other people.
- I will not let other people log on to my account.
 - I will tell the teacher if I think someone is using my account.
- I am responsible for anything that happens when my account is used.
- I will tell the teacher if I see something that makes me feel uncomfortable.
- I will only use work from the Internet if I have asked the teacher.
- I will not access sites that I have been told not to access (e.g. YouTube, Facebook, MySpace etc.) unless the teacher gives permission.
- If I download pictures or work I will state the source.
- I will not give out my name, phone number, address, name of the school or photographs without checking with my teacher.
- I will take care with all of the equipment.
- I will not change the settings on any Digital Technology.
- I will not use the school's Digital Technology to be mean, rude or unkind to other people.
- I will ensure any email I send or work that I publish is polite, carefully written and well presented.

I understand if I break the rules:

- I will be held responsible for any breaches caused by myself or another person using my account.
- I may not be allowed to use any form of the school's Digital Technology.
- The police may be contacted and I may be held legally liable for any offences committed.



I agree to abide by the Derby D.H.S. Acceptable Use Policy ICT.

I understand that if I break any of the rules stated above it may result in disciplinary action determined by the principal in accordance with the Department's Behaviour Management in School's policy.

Student Name:

Signed:
[Student/Parent/Guardian]

Date:

Sample form: Connect - Conditions of Use for parents (Optional for either Register or Invite methods)

1. Only parents or responsible persons as defined in the *School Education Act 1999* and verified by the school will be given access to Connect.
2. Any person/s signing up for the service understands his/her responsibility for keeping the service access details (username and password) confidential.
3. The Department of Education does not accept responsibility for any event arising from unauthorised access or use of Connect.

Limits of the Service

The Department of Education provides Connect as an online service for teachers, students, parents and Department staff. Connect is a communication channel that schools may use to communicate with parents/guardians on matters impacting student education. The Department of Education does not undertake to provide all student-related information via Connect.

When using Connect, I agree that:

1. The information contained in Connect is personal and private information.
2. I will not interfere with network security, the data of another user, or attempt to log into the network with a user name and/or password of another user.
3. If I become aware of unauthorised access to my parent account I will immediately inform the school.
4. I consent to the logging, monitoring, auditing and disclosure of my use of Connect.
5. Any breach of these conditions for which I am responsible will result in my access to Connect being suspended or revoked.

Parent Name: _____

Parent Signature: _____ Date: _____

Please return this form to the school in order to receive login information and a user name (P-number) for Connect.

