



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.

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 ☐

¹ Valid as of 22.8.2006
Enrolment

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
Senior management in large business organisation government administration & defence, and qualified professionals Senior executive/ 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 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/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]	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/productio n/ 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/i ndustrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager] Defence Forces senior Non-Commissioned Officer.	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/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] Skilled office, sales and service staff Office [secretary, personal assistant, desktop publishing operator, switchboard operator] 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]	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 [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 not included in other groups 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] Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]
These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories			

TOWNSHIP / WATER-BASED EXCURSIONS

Throughout the school year your child 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 and sign the attached permission slip along with the swimming capability and medical forms 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 attached forms, you will be giving your permission to allow Derby District High School to take your child 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.

CONSENT FOR WATER-BASED EXCURSIONS

STRICTLY CONFIDENTIAL

This form is intended to assist the school and supervising teachers in the event of an emergency involving your child. It is required for all children attending educational excursions.

Student details

Student's name: _____ Date of birth: _____

Parent or guardian's full name: _____

Address: _____ Postcode: _____

Telephone no. – home: _____ Telephone no. – work: _____

Telephone no. – mobile: _____

Name of doctor: _____ Telephone no: _____

Swimming ability (refer to the Education Department Swimming and Water Safety Continuum — attached)

- | | |
|---------------------|------------------------------|
| 1. BEGINNER | 7. Intermediate |
| 2. WATER DISCOVERY* | 8. Water Wise* |
| 3. PRELIMINARY | 9. Senior |
| 4. WATER AWARENESS* | 10. Junior Swim and Survive* |
| 5. WATER SENSE* | 11. Swim and Survive* |
| 6. JUNIOR | 12. Senior Swim and Survive* |

My child has achieved Stage number: ☐

Date achieved: _____

I am unsure. Please assess my child: ☐

Other comments:

* Royal Life Saving Society of Australia awards. Stage 10 focuses on safety and survival abilities, including clothed survival and personal fitness for survival, and extends the student's range of swimming skills. Stages 11 and 12 involve further development of survival and swimming skills and endurance. Stage 12 provides a foundation for rescue awards.

Signature: _____ Date: _____

MEDICAL DETAILS

STRICTLY CONFIDENTIAL

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during aquatic activities? (Staff cannot take responsibility for medical conditions of which they are unaware.)

Yes ☐ No ☐ If "yes", give details: _____

Is your child allergic to:

Penicillin	<input type="checkbox"/>	Give details	_____
Any other drug	<input type="checkbox"/>	Give details	_____
Any food	<input type="checkbox"/>	Give details	_____
Other	<input type="checkbox"/>	Give details	_____

Is any special care required?

Yes ☐ No ☐ If "yes", give details: _____

Tetanus vaccination: Yes ☐ No ☐ I don't know ☐

Medications:

Arrangements for the safekeeping and handling of medications must be made prior to the excursion.

Is your child presently taking tablets and/or other forms of medication? Yes

Yes ☐ No ☐

Does your child self-administer the medication?

Yes ☐ No ☐

If 'yes', give details (dosage, frequency, name of medication and reason for use): _____

I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, in the event of an accident, school staff will arrange medical assessment as soon as possible.

CONSENT FOR TOWNSHIP EXCURSIONS

Throughout the course of 2021 your child 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. DDHS 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 and the mode of transport used. Events that will be held outside of Derby this year will require a separate, individual permission slip for legal reasons. They will be sent out closer to the date of the event. Once you have completed the permission slip you must also complete the attached medical form. If your child's medical information changes throughout the year, you **must** notify Derby DHS as soon as possible. Please return these forms to your child's classroom teacher. If you require any further any information or have any questions, please contact the school on 9193 3000.

I _____ give permission for

my child _____ to attend all school activities within the Derby town site over the course of 2021. 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 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.

Signature: _____ Date: _____

MEDIA AUTHORISATION

Permission to use photographs/video footage/digital images of students.

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 a public forum such as newsletters, newspapers and as part of our web page on public and internal forums. We believe it is important for the achievements of students and the school to be acknowledged and celebrated but we need your permission to do this. All images and footage of school activities submitted onto public forums will be assessed by the Principal or representing administration before being uploaded.

To comply with the policy, we would ask that you complete the slip below and return it to the school office. These permission slips 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 me at the school. Thank you for your assistance with this matter.

I give permission for my child's/children's photograph or image to be used in the following mediums:

	Yes	No
School information brochures and newsletter [distributed locally]	<input type="checkbox"/>	<input type="checkbox"/>
Online [eg School web page, Facebook page, YouTube channel]	<input type="checkbox"/>	<input type="checkbox"/>
Department of Education publications [which go to the staff of government schools]	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers [eg Broome Advertiser, The West Australian, Sunday Times]	<input type="checkbox"/>	<input type="checkbox"/>
Television footage	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ Date: _____

I give permission for Registered Training Organisations to use:

	Yes	No
Photographs	<input type="checkbox"/>	<input type="checkbox"/>
Video footage	<input type="checkbox"/>	<input type="checkbox"/>
Art	<input type="checkbox"/>	<input type="checkbox"/>
RTO brochures/Web page/Posters/Newsletters	<input type="checkbox"/>	<input type="checkbox"/>
Print and Electronic teaching, learning and assessment materials. (including use for state-wide publications coordinated and published by Westone)	<input type="checkbox"/>	<input type="checkbox"/>
Public Training Providers Handbook (State-wide)	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper Articles	<input type="checkbox"/>	<input type="checkbox"/>
Television/Cinema Advertising	<input type="checkbox"/>	<input type="checkbox"/>

I understand the item/s as indicated above shall not be made available for any third party use (except in the case of Westone as mentioned above), and that I will be consulted before the item/s is used for any publications outside of the specific criteria.

Signature: _____ Date: _____

EMAIL CONSENT

In an attempt to save paper, Derby District High School is providing the option of receiving newsletters and other correspondence via email. This will ensure that you will receive up to date information from the school newsletter, 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.

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

I, _____ parent/guardian of _____
would like the school to send the school newsletter and other relevant correspondence to me using my email address.
My email address is _____.

ACCEPTABLE USE POLICY ICT

It is the schools intention 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 (eg 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 that 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.

Name of student: _____

Signature: _____ Date: _____

MOVIE AUTHORISATION

Throughout the school year, students are required to study feature film and documentary texts that are essential for English and Humanities studies at Derby District High School. According to the Australian Government's *Australian Classification Guidelines*, the film or documentary texts may have a classification of Parental Guidance (PG) or Mature (M). These ratings require parent and/or guardian permission to allow our students under 15 years to view these film texts in class whilst under the supervision of a staff member.

If you agree to allow your child to view 'PG' or 'M' classified film or documentary texts, please fill out the permission form below.

I _____ give permission for my child _____ to view material with 'PG' or 'M' classification for education purposes in the English or Humanities subject. I understand that notes informing movie titles and classification will be forwarded to me before viewing, and I will have an option to withdraw my permission by indicating this on future permission notes.

Signature: _____ Date: _____