



# ST KILDA PARK PRIMARY SCHOOL

68 FITZROY STREET, ST KILDA  
MELBOURNE VIC 3182

PHONE:

(03) 8598 6444

FAX:

(03) 8598 6455

School email:

st.kilda.park.ps@edumail.vic.gov.au

Principal email:

mccrabb.jennifer.m@edumail.vic.gov.au

## Permission Form for Students

Dear Parent and Guardians,

Please complete the following permission requirements for our school. This form will be placed in a folder in the office as authorisation for the following consents to be given whilst your child/ren attends St Kilda Park Primary School. Please notify the school immediately if at any time these circumstances change. If you wish to discuss any of the following please contact the school to discuss your options.

Child's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Year Level: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Year Level: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Year Level: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Year Level: \_\_\_\_\_ Teacher: \_\_\_\_\_

---

## SKIPPA Contact List

### St Kilda Park Parents Association & Fundraising

I give permission for my/our name(s) and my child(ren)'s name(s) and the following contact telephone number and email address to be included on a school distribution list that is accessible by all members of the SKIPPS School Community.

YES

NO

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that I will use this information appropriately and respect the values that St Kilda Park Primary School is based on. I will not use bulk distribution lists for disseminating advertising or non related school emails or for the purposes of discussing concerns I may have with the school's policies and procedures.

---

## Head Lice

I agree for my child to be inspected for head lice as the need arises by designated staff at the school and outside healthcare employees.

YES

NO

---

Please turn over to complete the form...

# Photographic / Video / Audio Recording

Permission for various types of schoolwork of an educational purpose and communication mediums such as: - the SKiPPS website, Konnective (Konnective is a mobile app solution that will allow SKiPPS to communicate with you, our parents/guardians, straight to your smartphone), newsletter, department newsletter, SKiPPS official Facebook (large group shots only), media eg. newspaper and TV (Christian name only), music/video/YouTube clip etc. in line with our ICT policy.

Our school website address is: <http://www.skipp.s.vic.edu.au> Permission will be sought for all other websites.

I, the parent / legal guardian of the student/s named on the previous page agree to and provide permission for the student's work, to be published on the Ultranet/Internet, with the full knowledge and understanding that the student's work can be accessed by a worldwide audience.

I authorise the publication of the photographic / video / audio recording referred to above for educational purposes and to be used and reproduced at the discretion of the Department of Education and Early Childhood Development. I understand that I can withdraw my permission at any time but I must do so in writing and forward it to the school.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If you **do not** wish to be invited by Konnective (Konnective is a mobile app solution that will allow SKiPPS to communicate with you, our parents/guardians, straight to your smartphone) on the email address you supplied on the previous page tick this box.

---

## Acknowledgement for School Approved Excursions (Within 1km Radius)

This form will be placed in a folder at the office as authorisation/prior consent for your child/ren to attend excursions within a 1km radius whilst your child/ren attends St Kilda Park Primary School. Please notify the school immediately if at any time these circumstances change.

**I acknowledge my child/ren may attend school excursions and activities within a 1 kilometre radius of the school whilst they attend St Kilda Park Primary School.**

### Consent to Medical Attention

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,

Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

---