

STUDENT NAME: _____

ROOM #: _____

CLASSROOM PHONE LIST

I give permission for my child's address and telephone number to be shared within the class.

- Yes
- No

LUNCH ARRANGEMENTS

- My child stays for lunch at school (Available for children of working parents only. Please sign your child out on the days you choose to take them out for lunch)
- My child walks home for lunch
- Other (_____)
Please Explain

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Some of the events, displays and recognition of students at Wilkinson Public School may use your child's picture and /or name. In keeping with the "Freedom of Information and Protection of Privacy Act" we must have your permission to do this. Please tick which boxes apply.

Within the School Only

- I give permission for my child's photo and name to be used in the production of slide shows or videos for school assemblies, on bulletin boards in the halls or elsewhere in school, and in photos taken for educational or classroom purposes.

Outside the School

- I give permission for my child's photo and name to be used in the school's monthly newsletter, on the school website, in local newspapers and on TV.

Nowhere

- I do not give permission for my child's name or photo to be displayed

TRANSLATIONS & INTERPRETERS

- ~ Do you require letters/notices translated YES NO
- ~ Do you require an interpreter at parent-teacher interviews YES NO
- ~ Language required _____

AFTER SCHOOL PICK UP ARRANGEMENTS:

After school my child will:

- go home alone
- will be picked up by (please list the name of the person's):
 1. _____ relationship to student: _____
 2. _____ relationship to student: _____
 3. _____ relationship to student: _____

Student's Name

Parent/Guardian Signature

Date