Dear Parent/Guardian and Students,

This pack contains information regarding various aspects of your child’s learning at Park Ridge Primary School.

Please read through the information carefully, fill in the permission form at the back by ticking the boxes where permission is granted and then sign the bottom of the form. Please note that this permission will be valid for the length of 2017.

Please return the final page to the classroom teacher as soon as possible, if the final page is not returned your child will unfortunately not be able to participate in the related activities.

Thank you

David Mann
Principal
ON FOOT EXCURSIONS

Park Ridge Primary School seeks permission for your child to attend all 'On Foot' excursions arranged by Class or Specialist teachers.

Such excursions will only be in the Park Ridge Primary School area, will involve no cost and will be to walking distance venues only. **These walks are either part of classroom studies or may be relevant to something that is happening within the local area at the time.**

Separate notices will be sent home for all other major excursions planned during the year.

HAND SANITATION

Park Ridge enforces vigilant and good practise of hygiene habits.

Pump packs of anti-bacterial gel are available for students to use in classrooms when:

- Returning from the toilet. (children will still be expected to wash their hands at the toilet)
- After using the Computer Lab
- Before eating play lunch and lunch

The hand sanitation gel does not require water and dries immediately. Teachers will direct students and help them to use the product appropriately.

PUBLISHING OF PHOTOGRAPHS

Park Ridge Primary School seeks permission to publish photographs of your child in various places. For example: the school newsletter (achievements, sporting events, special days and events, etc), class booklets and the school website.

We will however still seek additional permission for photographs of your child to be published in local and daily newspapers.

THE BERRY STREET EDUCATION MODEL (BSEM)

We have been engaged to conduct research into some of the work your child and other students at school are doing in class, some of it in connection with the Berry Street Model. We would like to talk to your child along with other students, for approximately 30-50 minutes, and we will be tape recording the interview.

Your child's participation is entirely voluntary. Students will not be pressed to answer any question they don’t want to and they may stop the interview at any time. If they change their minds about taking part in the research, they are free to withdraw at any stage.

Any information used in the research that might identify your child will be changed and another name will be used if he/she hasn’t already provided one. (As the number of people we are interviewing is small, however, it is possible that someone might still be able to identify him or her. It should also be noted that there can be legal limits to the privacy of information in some circumstances).

If you wish to obtain further information regarding this research please contact the school office.
2017 PERMISSION PACK

Please return this form to the classroom teacher as soon as possible, if this page is not returned your child will unfortunately not be able to participate in the related activities.

Child’s Name: _________________________________________________ Grade: ______________

ON FOOT EXCURSIONS

I give permission for my child to attend all ‘On Foot’ Excursions. I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

☐ PLEASE TICK

HAND SANITATION

I give permission for my child to use the hand sanitation product available.

☐ PLEASE TICK

PUBLISHING OF PHOTOGRAPHS

I give permission for my child’s photograph to be published in school related information.

☐ PLEASE TICK

THE BERRY STREET EDUCATION MODEL (BSEM)

I agree for my child to be part of a focus group for this research project.

☐ PLEASE TICK

Parent Signature: ____________________________ Date: ____________________________