

Parent/Carer's Signature:

Rosebank Public School

340 Rosebank Road **ROSEBANK NSW 2480**

Telephone: 61 2 6688 2126

www.rosebank-p.schools.nsw.edu.au

2023 Annual School Update Information

31 January 2023

School Tran	nsport				
			vill usually travel hom		ich school day:
Student's Name	Monday	Tuesday	Wednesday	Thursday	Friday
Jill Sample	Ken's Bus	Ken's Bus	Ken's Bus	Ken's Bus	Picked up: Nana
If there is a chang	no of transport of	n any day, nlaasa k	at the school know h	ov telephone or in v	writing before 2.00pm.
-	•		n will travel home vi	-	
From time to time, consent relates on	our students leav ly to occasional o	utings, not our regula		hich you will receive	·
	,	,		, ,	(Please Print)
Parent/Carer's Sig	nature:		Date:		
Please tick the box and full name, or a	to indicate your o		k Public School to pu je and full name, on c	• •	our child/children's image ter, school promotional
Student's Name		Tick for YES		Tick for N	0
Please emai	I me a copy of the	school newsletter.			
Please emai	I me a copy and se	nd home a hard copy	as well.		
I would prefe	er a hard copy of the	e newsletter only.			
Parent/Carer Name	e:				(Please print)

Medication/First Aid

Should your child need to take any prescription medication while at school, it is DoE policy that the parent must come into the office and complete Dept of Education Medication Administration Permission form.

Prescription medication should be clearly labelled (pharmacy label) with the name of the student and the student's medical practitioner printed on it.

The So	chool occasionally administers band aids and /or applies sunscreen.	
Please	indicate on the line below if your child has an allergy to band aids or any brand of sunscreen.	
Alle	rgies	
	No. To my knowledge, my child is not allergic to anything.	
	Yes, my child is allergic to	
	Should he/she experience an allergic reaction at school, the first symptoms are likely to be:	
	In such a situation, the school should:	
i	Staff will work cooperatively with parents to develop a Health Care Plan to support any students with asthm anaphylactic allergies. Please let us know if your child has an asthma or anaphylactic health care plan throunded	
Eme	rgencies/Playground Equipment	
	I understand that, should my child suffer an accident or serious illness while at school and the school is contact me, I give permission for the principal (or principal representative) to contact an ambulance or se assistance. Should the school call an ambulance to transport my child to a medical facility, the costs of it transport are covered by the NSW Government.	eek medical
	I give permission for my child to play on school fixed playground equipment within the school grounds.	
Parent	/Carer Name: (Plea	ase Print)
Parent	/Carer's Signature: Date:	

Movie/Media Viewing

From time to time, children have the opportunity to watch a movie together, either as a special treat or as part of their educational program. These movies are G rated. If a movie is relevant to the curriculum and rated PG, a special note will be sent home to parents for consent.

Bringing Devices to School

The school is aware students may have parent permission to have devices coming to school due to long bus travel times or transporting belongings between households in shared custody situations. It is a requirement for students to check their devices into the school office on arrival at school and to collect their device from the office at the end of the day. The school does not take any responsibility for any lost or damaged items nor the content viewed on the child's device in transit. This remains a parent responsibility.

I am aware that my child can sign in and check out a device into the school office each day and that the parent is responsible for monitoring content on their child's device and that the school is not responsible for any loss or damage of a device.

(Please Print)

Parent/Carer Name:

Parent/Carer's Signature: _	Date:
	re current and correct, please record your contact information below. Please provide contact That is, where you have shared cared arrangements, please provide contact details for all
Student/s' Name/s	mone contacts.
Current residential address	
Current postal address	
Current telephone	Home:
	Work:
	Mobile:
Email address:	
Student/s' Name/s	
Current residential address	
Current postal address	
Current telephone	Home:
	Work:
	Mobile:
Email address:	

Parents email addresses may be used by teachers or administration staff to communicate important school information. For example, school newsletters, advice of school closure in the case of flooding or fire, to distribute school surveys and to provide class updates. The school will limit its use of email communication but would greatly appreciate the ability to communicate will all families via email.

Emergency ContactsIf we are unable to contact you, who may we call in case of an emergency. Please make sure this emergency contact person is a local resident in case your child needs to be collected from school or if we need the emergency contact person to attend the school grounds.

EMERGENCY CONTACT 1	
Contact's Name	
Telephone	Home: Work: Mobile:
Relationship to child/children	
EMERGENCY CONTACT 2	
Contact's Name	
Telephone	Home: Work: Mobile:
Relationship to child/children	
understand and agree that if I cannot be contacts will be contacted and my child/cl Signed:	· ·
Date:	

Fancy a Playdate?

Parent Contact List

Each year, the P&C puts together a contact list for parents who would like to share details for playdates, birthday parties, checking up on things etc.

The P&C will be communicating with families more in email, if you wish for your email address to be shared please also indicate below and supply your current email address.

If you would like to be included on the 2023 Contact List, please fill out the form below and return to the school office. The school can't share your contact details without your permission, so if you don't fill in the form, you won't be on the list and your contact details will not be shared.

Kind Regards,

Kate Middleton
President Rosebank P&C
Yes Please
I/we would like to be included on the Rosebank P&C Parent Contact List.
Name:
Contacts to be included (Record those you are happy to share):
Telephone:
Mobile Telephone:
Email: