



STUDENT CONSENT WHILE ATTENDING BORDERTOWN HIGH SCHOOL

This form is acknowledgment that the parent/caregiver understands and agrees to the items listed below.
These permissions are valid for the duration of your child's enrolment at the school or until changed in writing.

Do you give consent for your child to participate in local excursions ? <i>Parents/Caregivers will be notified in advance of the local excursion whenever possible, including when excursions require travel on a school bus. Note: Additional consent will be required for camps and excursions beyond Bordertown.</i>	Yes/No
Do you consent in case of an emergency for your child to receive immediate medical attention, hospital, doctor, dentist, ambulance	Yes/No
Do you give consent for your child to have an initial visit with a Headspace/School Based Clinic GP and/or Intake Worker ? <i>Note: This is a once only visit and any on-going referrals to the Headspace School Based Clinics require additional parent consent. This is a free and confidential service.</i>	Yes/No
I understand the school has a Behaviour Management Policy in place to allow students to reflect on their own behaviour, which has been unacceptable or inappropriate. I understand the school has this policy and accept responsibility to support the steps involved.	Yes/No
I have read and understood the Absences and Leaving School Grounds Policy and will abide by the expectations. In particular providing a note in my child's diary for late arrival or early departure from school, when required.	Yes/No
Parents of students not wearing school uniform will be contacted and asked to bring uniform items in or purchase them from the front office. Bucket hats are compulsory in Terms 1 and 4 and recommended in terms 2 and 3. SPF 30+ should also be worn as required. I understand this.	Yes/No
I have read and agree to support the school and abide by the Mobile Phone & Devices Policy . I understand that if my child/ren's mobile phone is handed to the front office, I will be contacted and required to collect the device (where practicable).	Yes/No
I give permission to my child to obtain individual personal assistance from the Pastoral Care Worker . I understand that teachers retain over-riding duty of care. I am aware that the PCW is a mandated notifier in relation to child protection	Yes/No
I give permission for MSP Photography to photograph my child individually and in a group for the purpose of school photographs and student id cards.	Yes/No

Please sign and date the bottom of this form.

All of these policies and information can be found on our school website: borderhs.sa.edu.au

PARENT/CAREGIVER DECLARATION:

Student Name: _____

Parent/Caregiver Name: _____

Parent/Caregiver Signature: _____ **Date:** _____

