

Permissions Form

**ST BERNARD
STATE SCHOOL**



Every child can learn and every child can achieve

ST BERNARD STATE SCHOOL HEAD LICE POLICY

Head lice are a problem in all schools from time to time. In order to control outbreaks when they occur we contact parents directly to inform them if a student is identified as having head lice.

It must be noted that head lice can infest any student, they are not confined to clean or dirty hair, however they do unfortunately seem to infest some students more than others.

We also put articles in our newsletter on a regular basis advising parents to check their children and treat as required.

If my child has headlice, I agree to treat their hair prior to them returning to school.

Yes

No

PRIVACY STATEMENT ACKNOWLEDGEMENT

I am aware of Education Queensland Privacy Statement.

Yes

No

DRESS CODE ACKNOWLEDGEMENT

I agree to follow the school Student Dress Code and Sun Safe guidelines. Yes

No

RESPONSIBLE BEHAVIOUR PLAN FOR STUDENTS

I agree to abide by the Student Code of Behaviour policy for St Bernard State School. I acknowledge that a complete copy of the Student Code of Behaviour is available online or on request from the School Office.

Yes

No

SUSPENSIONS/EXCLUSIONS

I have notified the School of any previous suspensions/exclusions from any other Educational Institution

Yes

No

RELIGIOUS INSTRUCTION CONSENT

Each year our students are offered lessons in Religious Instruction one day a week through the Religious Instruction Program. These are conducted by volunteers approved by local churches. More information is available on our website, please use link: <https://stbernardss.eq.edu.au/extra-curricular/religious-instruction>

To comply with Education Queensland regulations please indicate your consent or otherwise:

I **DO** / **DO NOT** authorise my child _____ to participate in Religious Instruction classes.

PLEASE SELECT WHICH RELIGIOUS INSTRUCTION GROUP:

Combined Christian

Ba'hai

CHANGE OF PERSONAL DETAILS

I will notify the School of any changes in personal details (i.e. address, contact phone numbers, etc) immediately so that accurate records can be maintained particularly in case of emergency.

Yes

No

I hereby declare that the information given in this enrolment form is true and correct at the date of enrolment.

Signed: _____ **Date:** _____ / _____ / _____

(Parent/Caregiver)