



# TUMBARUMBA PUBLIC SCHOOL

Founded 1868

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76 Murray Street  
TUMBARUMBA NSW 2653  
(PO Box 109)

Phone: (02) 6948 2048  
Fax: (02) 6948 2519  
Email: [tumbarumba-p.school@det.nsw.edu.au](mailto:tumbarumba-p.school@det.nsw.edu.au)

Dear Parent/Caregiver

## **WELCOME TO TUMBARUMBA PUBLIC SCHOOL**

On behalf of the staff and students at Tumbarumba Public School (TPS) I would like to say welcome.

Yours faithfully

Jennifer Lumsden  
Principal

Please complete the attached forms and return to the  
Tumbarumba Public School office as soon as possible.

Thank you.



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## CHECK LIST FOR KINDER OR INTERSTATE ENROLMENT

- Enrolment form (please ensure Photographs at School section has been ticked and parent/s signed (page 13))
- Birth Certificate or identity documents (for office staff to photocopy)
- Immunisation history statement—available through local doctor or the internet (phone Medicare on 132011 for log on details)
- Copies of any family law or other relevant court documents
- Permission to Publish / Permission for Walking Excursions
- Computer Use Agreement
- Optional—About My Child Questionnaire

## YOUNGER SIBLINGS OF NEW ENROLMENTS

I have the following pre-school aged child/ren living at home.

Name: ..... Male / Female (please circle one)

Date of Birth: ..... Expected year of enrolment for Kinder: .....

Name: ..... Male / Female (please circle one)

Date of Birth: ..... Expected year of enrolment for Kinder: .....

Name: ..... Male / Female (please circle one)

Date of Birth: ..... Expected year of enrolment for Kinder: .....



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**STUDENT NAME:** .....

## **PERMISSION NOTES**

From time to time, we promote our school through the publication of newsworthy articles and photographs in local newspapers and on radio. Occasionally, we also publish pictures on TV or the Internet but these are always without positive identification. We like to promote our students and their community in a positive light and seek your permission to include your child's image or work as the need arises. We also request permission for your child/ren to go on various walking excursions in the local area. These excursions will be published in the GRAPEVINE, Skoolbag app or Tumbarumba Public School Facebook page to ensure you know what your child is doing. Children will always be under the supervision of a teacher.

## **SCRIPTURE CLASSES**

Scripture lessons are offered for all students for 30 minutes, once a week. Non-denominational Religious Education is provided to students on Thursdays from 1.30-2.00p.m. All children will attend Scripture classes unless parents wish them to attend the Values Education class. Please indicate your preference below.

## **SCRIPTURE CHOICE**

(select one)

- Non-denominational (provided by combined local churches)
- Values Education

## **PERMISSION TO PUBLISH / PERMISSION FOR WALKING EXCURSIONS**

- I give permission for my child/ren's photographs and/or work to be used in publications to promote the school and its work. I understand this might include newspaper articles, television and the Internet. Any Internet publication will take special care to guard my child's identity.
- I give permission for my child/ren to go on various walking excursions in the local area. I understand children will always be under the supervision of a teacher.
- I understand this permission remains valid for the time my child/ren is/are enrolled at Tumbarumba Public School, unless otherwise withdrawn.

Signed: ..... Name: ..... Date: .....



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Dear Parent/Caregiver

## **ABOUT MY CHILD QUESTIONNAIRE**

Please complete the following questionnaire relating to your child/ren and your family. This information will be utilised:

- a. by the school to assist with your child/ren's schooling, as well as
- b. to answer general research enquiries we receive from time to time from various Government and Educational bodies. Please note that only aggregated statistics, and not individual names and details, would be provided for these purposes.

Thank you for your co-operation in completing our questionnaire. Please sign the slip below and return it and the questionnaire to the school with the enrolment form.

Yours faithfully

Jennifer Lumsden  
Principal

## **ABOUT MY CHILD QUESTIONNAIRE**

I certify that the information given on the attached questionnaire is correct.

Signed: ..... Name: ..... Date: .....



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## ABOUT MY CHILD

Name of Child: .....

Kinder Year 1 Year 2 Year 3 Year 4 Year 5 Year 6

*(please circle year of schooling in enrolment year)*

1. Is your child right or left handed? .....
2. Does your child have any physical disabilities or health problems which you feel might be a factor at school?  
.....  
.....
2. Does your child mix easily with other children and adults? Yes / No Any comments?  
.....  
.....
2. Do you consider your child gifted or talented in any area(s)? Yes / No Please specify.  
.....  
.....
2. Do you consider your child needs any extra assistance in any area(s) at school? Yes / No Please specify.  
.....  
.....
6. If your child is starting Kindergarten, has he/she had any pre-school experience? Yes / No  

If Yes, how many years?	1 year	..... days per week
	2 years	..... days per week

Name of pre-school: .....

8. Does your child speak any language at home other than English?

Yes / No If so, what language? .....

9. What language other than English do parents or grandparents speak?

Mother: .....

Father: .....

Grandparents: .....

.....

10. Do you have any concerns about your child's learning? Yes / No

Please specify. ....

.....

11. Do you have any concerns about your child's behaviour? Yes / No

Please specify. ....

.....

12. Is there any other information that you think will help us to understand your child better?  
Please specify.

.....

.....

.....

.....

.....

***Thank you for your assistance in completing this questionnaire***



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## **COMPUTER USE AGREEMENT**

Every student and his/her parent/legal guardian is required to sign this Student Computer Use Agreement.

Computer use is a valuable resource for a student's education. The School Committee believes that the resources available through the Internet are of significant value in the learning process and preparing students for future success. At the same time, the unregulated availability of information and communication on the Internet requires that schools establish reasonable controls for lawful, efficient, and appropriate use of this technology.

**Student use of the school computer system is a privilege and not a right, which may be authorised as well as withdrawn and may also be subject to further disciplinary and/or legal action.**

Although student use of the School computer system at school will be supervised by school staff, the School cannot guarantee that students will not gain access to inappropriate material. The School encourages parents/legal guardians to have a discussion with their students about values and how those beliefs should guide student activities while using the School computers, networks, e-mail services, and Internet access.

### 1. Student Personal Safety:

**a. Students may use school e-mail services and Internet access only for teacher-directed educational activities; no personal use of any kind is permitted.**

b. When using the school's e-mail services and Internet access, students should not disclose personal information such as home addresses, home telephone numbers, etc.

c. Students may use school e-mail services and Internet access only when authorized.

d. Student may use school e-mail services and Internet access only when supervised.

### 2. Computer Use is a Privilege, Not a Right:

a. Student use of the school computers, networks, and Internet services is a privilege, not a right. Unacceptable use/activity may result in suspension or cancellation of privileges as well as additional disciplinary and/or legal action.

b. The Principal shall have final authority to decide whether a student's privileges will be denied or revoked.

### 3. Prohibited Activities:

a. Students shall not attempt to bypass the School e-mail and/or Internet filtering systems and features.

b. Students shall not use the School computer system to engage in any illegal activities, such as: harassment; discrimination; defamation; threatening or violent communications and behaviour; infringement of copyright or trademark laws; offering for sale, purchase, or use of any prohibited or illegal substances; etc.

a. Students shall not damage or disrupt the School computer system.

b. Students shall not gain, or attempt to gain, unauthorised access to other computers, Internet sites, computer systems, or user accounts.

c. Students shall not plagiarize works or violate copyright or trademark laws.

d. Obtaining or sending information which could be used to make destructive devices such as guns, weapons, bombs, explosives, or fireworks;

#### 4. Inappropriate Conduct:

The following are prohibited in public or private communications or any posted messages or any files:

a. Any inappropriate communications with other students or anyone else that is obscene, profane, lewd, vulgar, belligerent, inflammatory, or threatening.

b. Potentially damaging, dangerous, or disruptive material.

c. Personal or generalized attacks or harassment.

d. False or defamatory information.

#### 5. Inappropriate Access to Material:

a. The School computer system shall not be used to access material that is obscene, pornographic, sexually explicit, sexually suggestive, harmful, or otherwise inappropriate.

b. Inadvertent inappropriate access should be promptly reported to the student's teacher or principal.

#### 6. No Expectation of Privacy:

Students have no expectation of privacy in files, disks, documents, etc., which have been created in, entered in, stored in, downloaded from, or used on the School computer system.

#### 7. Violations and Discipline:

a. In the event there is an allegation that a student has violated Policy, the student will receive notice of the alleged violation and an opportunity to present an explanation.

b. In the event of a violation of Policy, appropriate disciplinary action may be taken in accordance with established School policies and administrative procedures, including losing computer use privileges, suspension, and expulsion.

#### 8. School Unit Assumes No Responsibility for Unauthorized Charges, Costs, or Illegal Use:

a. The school unit assumes no responsibility for any unauthorized charges made by students including but not limited to credit card charges, long distance telephone charges, equipment and line costs, or for any illegal use of its computers such as copyright violations.



9. Etiquette:

The following general principles should be adopted:

- a. Be polite; do not be abusive in messages to others.
- b. Use appropriate language. Remember that you are a student representative of Tumbarumba Public School and that you are using a public network. Your online behaviour should at all times reflect those standards that are acceptable in the general School environment.
- c. Do not disrupt the use of the Internet for other users.

**STUDENT NAME**.....

I acknowledge that I have read and understood the terms and conditions of this Agreement, and hereby agree to abide by and comply with all of the said terms and conditions.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

As the parent/legal guardian of this student, I have read and understood the terms and conditions set forth in this Agreement. I understand that my son/daughter's use of school computers is subject to compliance with these rules. I further understand that violation of the policy and/or rules may result in the revocation of computer privileges and may also be subject to further disciplinary and/or legal action.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Printed)



# **MEDICAL INFORMATION FORM**

*Privacy Notice: The personal information provided on this Excursion Form is being obtained by the Department of Education and Training for the purpose of keeping a medical record of your child while away on the school excursion. This information will be stored securely. You may access or correct any information provided by contacting the school.*

Student Name:.....**Class:** .....

Medicare No:.....**Private Health Fund:**.....No:.....

## **PARENT OR CAREGIVER CONTACT DETAILS**

**Name:**.....

**Address:**.....

**Phone (H):**.....**(M):**..... **(W):**.....

## **DOCTOR CONTACT DETAILS**

**Name:**.....**Phone:**.....

## **EMERGENCY CONTACT DETAILS (Nominated by the parents or caregiver as alternate contact)**

**Name:**..... **Phone:**.....

**Name:**..... **Phone:**.....

**MEDICAL CONDITIONS OR ILLNESSES** (Include asthma, diabetes, **epilepsy**, allergies, etc). Outline the treatment for each.

**OUTLINE SPECIAL DIETARY NEEDS** (including possible food allergies):

## **MEDICATION(S) TO BE ADMINISTERED DURING THE EXCURSION**

*All medication is to given to the supervising teacher in a sealed and labelled container prior to departure. Please tick all RELEVANT boxes.*

Name of Medication	Instructions	Time of Administration	Possible Reactions

- I GIVE permission for my child to receive a paracetamol (e.g. Panadol) if they develop a head/tooth/earache (Excursions only).
- I DO NOT GIVE permission for my child to receive paracetamol.
- I GIVE permission for my child to receive travel sickness medication (e.g. Kwell's) if required. (Excursions only)
- I DO NOT GIVE permission for my child to receive travel sickness medication.
- I understand if my child has a history of travel sickness and headaches etc. I am responsible for providing the required medication.
- I GIVE permission for my child to receive Stingose spray/gel.
- I DO NOT GIVE permission for my child to receive Stingose spray/gel.

**Name:**.....**Signature**.....**Date:**.....