



YANCHEP LAGOON

PRIMARY SCHOOL

Dream · Believe · Achieve

A: 15 Primary Rd, Yanchep WA 6035 P: 08 9561 1155 E: YanchepLagoon.PS@education.wa.edu.au W: yanchep.wa.edu.au

ENROLLING YOUR CHILD AT YANCHEP LAGOON PRIMARY SCHOOL

In accordance with the Education Act (1999) Division S.19, Section 20 (1), the Principal of a school may cancel the enrolment of a student at the school if the Principal is satisfied that the enrolment was obtained by the giving of false or misleading information, or if notification has not been given in relation to the change of residence. This applies in instances both prior to, and after the student has commenced at the school. An acceptance for an 'out of boundary' enrolment in Kindergarten does not guarantee placement for Pre-Primary the following year or for anyone who moves out of area prior to the commencement of the following school year for Pre-Primary.

LOCAL INTAKE AREA -YANCHEP LAGOON PRIMARY SCHOOL BOUNDARY

The following defines the local-intake area for students in the **PRIMARY SCHOOL** from 2018: *From a point on the coastline located south west from the junction of Yanchep Beach Road and Two Rocks Road, north east from this point to the junction of Yanchep Beach Road and Two Rocks Road, east along Yanchep Beach Road (south side included) to the western boundary of Yanchep National Park, north and west along this boundary to the locality boundary between Two Rocks and Yanchep, north, east and north along the locality boundary of Two Rocks and Yanchep to the local government boundary between City of Wanneroo and Shire of Gingin, east, south and east along this boundary to the local government boundary between City of Wanneroo and Shire of Chittering, south along this local government boundary to the locality boundary between Yanchep and Pinjar, west and south along this locality boundary to Old Yanchep Road, north west along Old Yanchep Road (north side included) to a point on the eastern extension of Doogarch Road, west along this extension and west along Doogarch Road (north side included) to Bernard Road South, south south west from this junction to a point on Wanneroo Road on the eastern extension of the locality boundary between Alkimos and Eglinton, west along this extension and this locality boundary to the proposed route of the Mitchell Freeway, north west along the proposed route of the Mitchell Freeway (east side included) to Pipidinny Road, west along Pipidinny Road (north side included) and its western extension to the coastline, and generally north west along the coastline to the point on the coastline located south west from the junction of Yanchep Beach Road and Two Rocks Road.*

Leaving the local intake area

Should you move out of our local intake area at any stage you are required to inform our school within four weeks. Failure to inform the school can jeopardize the enrolment. There is no guarantee for acceptance into Pre-Primary if out of area.

Enrolments from tenancy agreements

Enrolments based on tenancy agreements are monitored by our Administration team. It is the responsibility of the enrolling parent/carer to inform the school of any renewed or altered tenancy agreement within and no later than four weeks. If this does not occur the enrolment can be considered fraudulent.

Fraudulent enrolment

Should an Application for Enrolment contain misleading or false information the enrolment can be cancelled. Yanchep Lagoon Primary School and the North Metropolitan Education Office will work with the family to transfer enrolment to the designated local school.

I acknowledge that I have read and understood the above information regarding enrolling my child at Yanchep Lagoon Primary School

Name: _____ (Please print full name)

Signature: _____ Parent/Carer Date: _____



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APPLICATION FOR ENROLMENT FORM

(For enrolment in a Western Australian Public School)

Students in the compulsory years of schooling who are already enrolled at the school do not need to lodge a new application for that school each year.

OFFICE USE ONLY

Date received: _____
 Year Level:
 Birth certificate/Passport/Travel document sighted (Circle).
 Student resides within local intake area ☐ YES ☐ NO
 Visa sighted: ☐ YES ☐ NO
 Family Court Order/s: ☐ YES ☐ NO

DECLARATION

The information and statements provided in this application for enrolment are true and accurate in relation to:

Name of child: _____

Name of person enrolling child:

Title: _____ 1st Name: _____ 2nd Name: _____ Surname: _____

Relationship to child: _____

Tel (H): _____ Tel (W): _____ Mobile: _____

Signature: _____ Date: ____/____/____

NOTE: Children may be enrolled in Kindergarten in one school only, either public or private.

NOTE: In the event that statements made in this application later prove to be false or misleading, a decision on this application may be reversed. Information supplied may need to be checked by the school.

DOCUMENTS TO BE PROVIDED

Checklist:

Please place an **'X'** in the box ☐ to indicate each document attached (or sighted) to this application form.

1. Birth Certificate (original or certified copy) or extract or other identity documents ☐
if applicable. (Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).
2. 'Immunisation Certificate' ☐
3. Copies of Family Court or any other court orders (if applicable) ☐
4. 2 x **current** Proof of Address documents (no more than one month old) ie Utilities, Phone, an original lease signed and dated, we **do not** accept Water or Land Rates ☐
5. Information relating to suspensions or exclusions ☐
6. Information relating to disability/medical condition ☐

If your child was not born in Australia, you must provide evidence of:

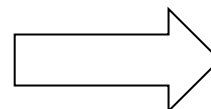
1. Date of entry into Australia ☐
2. Passport or travel documents ☐
3. Current visa subclass and previous visa subclass (if applicable) ☐

If your child is a temporary visa holder, you must also provide:

Confirmation of enrolment or evidence of any permission to transfer ☐
 provided by Department of Training and Workforce Development (TAFE International
 Western Australia. Email: admissions.tiwa@dtwd.wa.gov.au
 (if holding an International full fee student visa);

or

Evidence of the visa for which the student has applied if the student holds ☐
 a bridging or temporary visa



PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)

Child's surname Legal (if different):	Given names:	Date of birth:	Sex (M / F):
Surname of parent/responsible person:	Given names:	Mr / Mrs / Ms / Other:	
Residential Address (must be completed):			Postcode:
Nearest intersecting street:			
Postal Address (if different from residential address):			Postcode:
Telephone (Home):	Mobile Phone No:		
Work (if convenient):	Email:		
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the child subject to access restriction? If yes, please specify and attach supporting documentation. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Year Level: _____ Start date: Beginning of school year 20 ____: <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Year 6):			
If applicable, name of school at which the child is currently or was last enrolled:			
Will there be any brothers or sisters attending this school? Name/s and year levels: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is your child currently under suspension from a school? If YES, name of school: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has your child ever been excluded from a school? If YES, name of school: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is your child a permanent resident of Australia? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please indicate date entered Australia: _____ Visa Sub Class No.: _____			
Does your child have a disability/medical condition? <i>This information will assist the school principal with considering whether any specific or additional resources are required and available to assist the school with providing the best educational program for your child. Please indicate whether:</i> <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition/s Please outline nature of disability/medical condition/s (or attach details). Application for Enrolment approved: _____ (signature of Principal) __/__/____ (date)			



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ENROLMENT FORM

YANCHEP LAGOON PRIMARY SCHOOL

15 Primary Road

Yanchep WA 6035

Telephone: (08) 9561 1155 Facsimile: (08) 9561 1554

Principal: Mr Alan Curtis

OFFICE USE ONLY

Enrolment Interview conducted: YES [] NO [] Deputy: _____ Date: _____

Entry Date: ____/____/____

Date Transfer Note Sent: ____/____/____

Previous School: _____

Records Received: YES [] NO []

Contributions and Charges / Billing: PG1 [%] PG2 [%] Other [%]

Academic Year: _____ Form: _____ Faction: _____

Entered on SIS/Integris – ADMISSIONS / CURRENT ROLL – by: _____ Date: ____/____/____

Leave Date: ____/____/____ Destination: _____

Records Sent: YES [] NO []

Moved to FORMER ROLL (Integris) by: _____

Date: ____/____/____

YANCHEP LAGOON PRIMARY SCHOOL

STUDENT DETAILS

* Surname: _____ * Legal Surname: _____
* 1st Name: _____ 2nd Name: _____
Preferred Name: _____ Academic Year Level: _____

Student Email Address: _____

* Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female

* Residential Address: _____

Postcode: _____

* Student Home Phone: _____ * Student Mobile: _____

Proof of Residency provided (to be completed by school) YES [] NO []

Out of school intake area: YES [] NO []

* Citizenship: Australian ☐ Other - please specify _____

* Permanent Resident:	YES []	NO []	* Temporary Resident:	YES []	NO []
Visa Sub Class Number	_____		Visa Sub Class Number	_____	
Visa Expiry Date	_____		Visa Expiry Date	_____	
Date Entered Australia	_____		Date Entered Australia	_____	

Copy of visa must be included

Names of brothers and sisters attending this school: _____

Birth Place: _____ (If not born in Australia, a copy of passport must be included)

Nationality: _____ Non English speaking background Yes [] No []
(Please specify the language that is spoken most often at home) _____

Culture: Aboriginal [] Torres Strait Islander [] Other [] Religion: _____

Child lives with (please indicate (√)) Father [] Mother [] Both Parents [] Neither Parent []

Are there any Family Court orders regarding the day to day or long term care, welfare and development of the child?

Please indicate (√) Yes [] No [] Access Restrictions: Yes [] No []

(If YES to either of the above questions, it is a legal requirement that documentation must be supplied to Yanchep Lagoon Primary School)

* Is this student in the care of the Department for Community Development's (DCD) Chief Executive Officer? YES [] NO []

If YES, please specify the name of the DCD Case Manager, their DCD District and their contact phone number. _____

STUDENTS RIGHTS AND RESPONSIBILITIES:

I have read the School Information Booklet and agree to comply with all aspects of the policies and procedures described within it, in particular the information regarding:

1. Attendance Policy
2. School Dress Code
3. Online Service Policy / Agreement (attached to this enrolment form)

I am aware of my child's rights and responsibilities related to the **Attendance Requirements, School Dress Code and Online Service Policy/Agreement**. I also understand the consequences that will be applied should my child fail to honour those Codes and Policies. Yes []

PUBLICITY:

I give my permission for my child's photo to be used for:

- Educational purposes – internal (eg. Library card, class projects).
- Other purposes – external (eg. Publicity-television, newspaper, webpage Facebook etc).

(If you don't want your child's photo used for publicity purposes, you must confirm this in writing to the School).

SMARTRIDER AUTHORITY: (please circle) I **do / do not** give permission for Yanchep LPS to release my child's details to Public Transport Authority for the purpose of issuing a Student SmartRider Card.

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____ **Date:** ____/____/____

EMERGENCY CONTACTS

Indicate, by placing a number in the box, the order in which the following people should be contacted in an emergency. Telephone number must be specified for the **preferred emergency** contact.

Parent/responsible Person 1 ☐

Parent/responsible Person 2 ☐

Other Contacts ☐

PARENT / GUARDIAN / CARER 1 – Details (this should be the most available SMS contact)

Title: _____ * First Name: _____ * Surname: _____

Please indicate relationship to the student: _____

* Postal Address (if different from student residential address): _____

Postcode: _____

*Parent 1 Telephone

*Parent 1 Work Telephone

*Parent 1 Mobile

Parent Email Address: _____

Occupation/Workplace: _____

PARENT / GUARDIAN / CARER 2 – Details

Title: _____ * First Name: _____ * Surname: _____

Please indicate relationship to the student: _____

* Postal Address (if different from student residential address): _____

Postcode: _____

* Parent 2 Telephone

* Parent 2 Work Telephone

* Parent 2 Mobile

Email Address: _____

Occupation/Workplace: _____

OTHER CONTACT / EMERGENCY Details

Title: _____ * First Name: _____ * Surname: _____

Please indicate relationship to the student: _____

* Postal Address (if different from student residential address): _____

Postcode: _____

* Emergency Contact Telephone

* Emerg. Contact Work Telephone

*Emergency Contact Mobile

Emergency Contact Email Address: _____

Occupation/Workplace: _____

STUDENT DETAILS – ADDITIONAL INFORMATION

BIRTH CERTIFICATE SEEN:
(OR passport or Travel documents)

YES []

NO []

Date sighted: ____/____/____

Previous School: _____ OR

* If previously enrolled in Home Education, specify the Education District: _____

* If previously enrolled at Yanchep Lagoon Primary School – date left: _____

Movement Reason (if applicable): _____

STUDENT DETAILS – MEDICAL / HEALTH

Does the student have a medical condition or intensive health care need? YES [] NO []

If YES, please specify.

- | | |
|---|---|
| <input type="checkbox"/> Allergy – Anaphylaxis | <input type="checkbox"/> Hearing condition (eg otitis media) |
| <input type="checkbox"/> Allergy – Other _____ | <input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diagnosed migraine/headaches | |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) | |

If the student has a medical condition or intensive health care need you will also need to complete a separate Health Care Authorisation.

IMMUNISATION DETAILS PROVIDED: YES [] NO [] Date sighted: ____/____/____

Medical Practice (Name and Address): _____

Doctor's Name: _____ Phone: _____

Medicare Number: _____ Expiry Date: _____

Please provide details of any other information you would like noted.

DISABILITY DETAILS

Does the student have a disability? Yes [] No []

If YES, please specify Disability: _____

- | | |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Severe Mental Disorder |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Global Developmental Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability |

*Please indicate if you have documentation about your child's disability in any of the following areas. Copies of this documentation will be required for school records.

Do you have ambulance cover? YES [] NO [] Name of Provider: _____
(If there is a medical emergency, parents or guardians are expected to meet the cost of the ambulance)

Permission to call Doctor	YES []	NO []	Permission to call Dentist	YES []	NO []
Permission to administer First Aid	YES []	NO []			

In Receipt of Allowance: Assistance for Isolated Children (AIC) ☐ Abstudy ☐

SIGNATURE:

I declare these particulars to be true and correct in every respect including the student's full name as stated on the Birth Certificate / Extract.

PARENT / GUARDIAN SIGNATURE: _____ Date: ____/____/____

NAME OF PERSON ENROLLING STUDENT: _____ Relationship: _____



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PARENTS – PLEASE COMPLETE THIS AS ACCURATELY AS POSSIBLE – OUR SCHOOL FUNDING DEPENDS ON THE DATA ENTERED – THANK YOU.

PARENT / GUARDIAN / CARER 1 – Details

What is the highest year of primary or secondary school you have completed?

- Year 12 or equivalent ☐
Year 11 or equivalent ☐
Year 10 or equivalent ☐
Year 9 or equivalent or below ☐

What is the level of the highest qualification you have completed?

- Bachelor degree or above ☐
Advanced diploma/Diploma ☐
Certificate I to IV (including trade certificate) ☐
No non-school qualification ☐

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? ☐ (Write 1, 2, 3, 4 or 8)

Please select the appropriate parental occupation group from the list provided over the page. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above.

PARENT / GUARDIAN / CARER 2 – Details

What is the highest year of primary or secondary school you have completed?

- Year 12 or equivalent ☐
Year 11 or equivalent ☐
Year 10 or equivalent ☐
Year 9 or equivalent or below ☐

What is the level of the highest qualification you have completed?

- Bachelor degree or above ☐
Advanced diploma/Diploma ☐
Certificate I to IV (including trade certificate) ☐
No non-school qualification ☐

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is your occupation group? ☐ (Write 1, 2, 3, 4 or 8)

Please select the appropriate parental occupation group from the list provided over the page. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above.

The above information is a requirement of the Education Department

(please turn over)

Parent / Guardian / Carer Occupation Groups

(Relates to questions in Parent / Guardian / Carer 1 and Parent / Guardian / Carer 2 sections)

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation government administration & defence, and qualified professionals</p> <p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation</p> <p>Public service manager (section head or above), regional director, health/education/police/ fire services administrator</p> <p>Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p>Defence Forces Commissioned Officer</p> <p>Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p>Other business managers, arts/media/sports persons and associate professionals</p> <p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/engineering/production/ personnel/industrial relations/ sales/marketing]</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer]</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p> <p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p>Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/ claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p>Service [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</p> <p>Drivers, mobile plant, production/processing machinery and other machinery operators</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p>Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>
<p>These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories</p>			

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2018

Dear Parent/Guardian/Caregiver

YEARS K-6 ONLINE SERVICES AGREEMENT

Our school now has access to the online services provided by the Department of Education W.A. These increase the range of teaching tools available to staff and will enhance the opportunities available to students.

I am writing to you to seek approval for your child to be given access to these online services. This will involve the school using the student's full name, preferred name, class and year to create a unique online services account.

The Department's online services currently provide:

- individual email accounts for all students and staff
- access to the internet, with all reasonable care taken by schools to monitor and control students' access to web sites while at school
- access to email services from home if the home computer is connected to the Internet
- access to the Online Teaching and Learning System (OTLS)
- access to Instant Messaging

If you agree to your son or daughter making use of these online services, please complete the permission slip attached to this letter. You will also need to ensure that your son or daughter reads or understands the acceptable usage agreement, also attached to this letter, before the permission slip is signed. Both signed documents should be returned to school so that an online services account can be created for your child.

Please note that while every reasonable effort is made by schools and the Department to prevent student exposure to inappropriate online content when using the Department's Online Services, it is not possible to completely eliminate the risk of such exposure.

You should also be aware that general internet browsing that your child undertakes from home or from locations other than school is **not** monitored or filtered by the Department since it is not conducted via the Department's online services.

Yours sincerely

ALAN CURTIS
Principal

YANCHEP LAGOON PRIMARY SCHOOL

Acceptable usage agreement for students Years K - 6

If you use the online services of the Education Department you must agree to the following rules:

- I will use the school computer only with the permission of a teacher.
- I will follow all instructions from teachers when using school computers.
- I will not let anybody else know my password.
- I will not let others use my online services account unless it is with the teacher's permission.
- I will not access other people's online services accounts.
- I know that I am responsible for anything that happens when my online services account is used.
- I will tell my teacher if I think someone is using my online services account.
- I know that the school and the Department of Education WA may see anything I send or receive using the email service.
- I will make sure that any email that I send or any work that I wish to have published is polite, carefully written and well presented.
- I will use material from web sites only if I have permission to do so.
- If I use material in my work that I have found on the web services, I will say where it comes from.
- If I see any information on the computer that makes me feel uncomfortable I will tell my teacher straight away.
- I will not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others
- I will not damage or disable the computers, computer systems or computer networks of the school, the Department of Education WA or any other organisation.

Please keep this agreement in a safe place so that you can look at it when you need to. Please write your name in the space provided.

Name of student: _____

Date: _____

YANCHEP LAGOON PRIMARY SCHOOL

Permission for students to have an online services account
Years K - 6

2018

(Please write the name using one capital letter per box)

Student's first name

[illegible]

Student's last name

[illegible]

Student's preferred name

[illegible]

School

Y	A	N	C	H	E	P		L	A	G	O	O	N		P	R	I	M	A	R	Y			
---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--

Parents / responsible persons

Do you give permission for your child to have an online services account? **YES / NO** (circle one)

I agree to and understand the responsibilities my child has using the online services provided at school for educational purposes in accordance with the acceptable usage agreement for school students. I also understand that if my child breaks any of the rules in the agreement, that the principal may take disciplinary action as provided in policies of the school or the Department of Education WA.

Name of parent or responsible person: _____

Signature of parent or responsible person: _____ **Date:** _____

Note: while every reasonable effort is made by schools and the Department of Education WA to prevent student exposure to inappropriate online content when using the Department's Online Services, it is not possible to completely eliminate the risk of such exposure. The Department cannot filter internet content accessed by your child from home or from other locations away from school. The Department recommends the use of appropriate internet filtering software.

Students

I agree to abide by the acceptable usage agreement for school students.

I understand that if I am given an ON LINE SERVICES ACCOUNT and break any of the rules in the agreement, it may result in disciplinary action, determined by the Principal in accordance with the School's student welfare and discipline policies.

Student Name: _____ **Class:** _____

Student Signature: _____ **Date:** _____