



## 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 Pipidiny Road, west along Pipidiny 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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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

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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.

## 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: \_\_\_\_\_ 1<sup>st</sup> Name: \_\_\_\_\_ 2<sup>nd</sup> 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. MyGov 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) .....

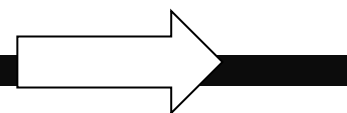
*If your child is a temporary visa holder, you must also provide:*

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](mailto: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 <b>20</b> _____: <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.</i> Please indicate whether: <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

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15 Primary Road  
Yanchep WA 6035  
Telephone: (08) 9561 1155  
Email: YanchepLagoon.PS@education.wa.edu.au  
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 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 Child Protection (DCP) Chief Executive Officer? YES [ ] NO [ ]

If YES, please specify the name of the DCP Case Manager, DCP District and 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 Lagoon PS 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: \_\_\_\_\_

\* If previously enrolled at Yanchep District High School (K-6) – 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.

- Allergy – Anaphylaxis
- Allergy – Other \_\_\_\_\_
- Asthma
- Diabetes
- Diagnosed migraine/headaches
- Seizure Disorder (eg epilepsy)
- Hearing condition (eg otitis media)
- Mental health or behavioural (eg depression, ADD/ADHD)
- Intensive Health Care Need (eg tube feeding)
- Other \_\_\_\_\_

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: \_\_\_\_\_

- Autism Spectrum Disorder
- Deaf or Hard of Hearing
- Specific Speech Language Impairment
- Intellectual Disability
- Severe Mental Disorder
- Global Developmental Delay (prior to age 6)
- Vision Impairment
- Physical Disability

Is your child listed on the Schools Disability System Yes [ ] No [ ]

Do you have documentation about your child's disability in any of the above areas. Yes [ ] No [ ]  
(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)

**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><b>Senior management in large business organisation government administration &amp; defence, and qualified professionals</b></p>	<p><b>Other business managers, arts/media/sportspersons and associate professionals</b></p>	<p><b>Tradesmen/women, clerks and skilled office, sales and service staff</b></p>	<p><b>Machine operators, hospitality staff, assistants, labourers and related workers</b></p>
<p><b>Senior executive/ manager/ department head</b> in industry, commerce, media or other large organisation</p> <p><b>Public service manager</b> (section head or above), regional director, health/education/police/ fire services administrator</p> <p><b>Other administrator</b> [school principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p><b>Defence Forces</b> Commissioned Officer</p> <p><b>Professionals</b> 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><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> professional.</p> <p><b>Business</b> [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p><b>Air/sea transport</b> [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p><b>Owner/manager</b> of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p><b>Specialist manager</b> [finance/engineering/production/ personnel/industrial relations/ sales/marketing]</p> <p><b>Financial services manager</b> [bank branch manager, finance/ investment/insurance broker, credit/loans officer]</p> <p><b>Retail sales/services manager</b> [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p><b>Arts/media/sports</b> [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p><b>Associate professionals</b> generally have diploma/technical qualifications and support managers and professionals</p> <p><b>Health, Education, Law, Social Welfare, Engineering, Science, Computing</b> technician/associate professional.</p> <p><b>Business/administration</b> [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p><b>Defence Forces</b> senior Non-Commissioned Officer.</p>	<p><b>Tradesmen/women</b> generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p><b>Clerks</b> [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><b>Skilled office, sales and service staff</b></p> <p><b>Office</b> [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p><b>Sales</b> [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p><b>Service</b> [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><b>Drivers, mobile plant, production/processing machinery and other machinery operators</b></p> <p><b>Hospitality staff</b> [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p><b>Office assistants, sales assistants and other assistants</b></p> <p><b>Office</b> [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p><b>Sales</b> [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><b>Assistant/aide</b> [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p><b>Labourers and related workers</b></p> <p><b>Defence Forces</b> ranks below senior NCO not included in other groups</p> <p><b>Agriculture, horticulture, forestry, fishing, mining worker</b> [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]</p> <p><b>Other worker</b> [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>
<p><b>These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories</b></p>			

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## YEARS K-6 ONLINE SERVICES AGREEMENT

Dear Parent/Guardian/Caregiver

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: \_\_\_\_\_

