



Year of enrolment: _____
Year level : _____

WANDERING PRIMARY SCHOOL

STUDENT ENROLMENT FORM

(For enrolment in a Western Australian Public School)

This form is to be completed for children whose application has been accepted by the school. It is intended for children not enrolled at the school in the previous year and for all Pre Primary students. For students in the compulsory years of schooling who were enrolled in the previous year, please inform the school directly if there are changes needed to update the form.

Please read the accompanying *Parent information about Enrolment in a Western Australian public school* before lodging the Enrolment Form with the school.

Note: If you are typing the information into this form, doubleclick the check box and select the radio button under the heading Default value 'Checked' and click OK. e.g. .

STUDENT DETAILS

Surname: _____ Legal Surname (if different): _____

Previous Surname (if applicable): _____

1st Name: _____ 2nd Name: _____ 3rd Name: _____

Preferred 1st Name: _____

Email Address: _____

Date of Birth: ____/____/____ Sex: Male Female

Residential Address: _____

Postcode: _____

Telephone (Home): _____ Student's Mobile (if applicable): _____

Car Registration (if applicable): _____

Full Name/s of brothers and sisters attending this school:

Student lives with:

Both Parents	<input type="checkbox"/>	Other.....	<input type="checkbox"/>
Parent/Guardian/Carer 1	<input type="checkbox"/>	Name	Relationship to student
Parent/Guardian/Carer 2	<input type="checkbox"/>	_____	_____
Independent minor.....	<input type="checkbox"/>		

(Reg3. School Education Regulations 2000)

For information on access restriction, see *Confidential* section of this form.

Emergency Contacts (Indicate contacts in order of preference):

Name	Phone No.	Mobile No.	Relationship to student
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

STUDENT DETAILS – ADDITIONAL INFORMATION

Evidence of immunisation status

Australian Immunisation Register (AIR) Immunisation History Statement that is **not more than two months old** shows my child's vaccination status is Up to date Not up to date as at _____ (date of statement)

OR

AIR Immunisation History Statement that is not more than six months old shows my child is on a catch up schedule as at _____ (date of Form)

OR

Immunisation Certificate issued by the Chief Health Officer as at _____ (date of Certificate)

Nationality (optional): _____ Country of Birth: _____

Religion: _____. Is the student to be withdrawn from religious instruction? YES NO

Student's First Language: _____

Is the student's descent:Aboriginal YES NO

.....Torres Strait Islander (TSI) YES NO

.....Both Aboriginal and TSI YES NO

Does the student speak a language other than English at home? YES NO

Does the student mainly speak English at home? YES NO

(If more than one language, indicate the one that is NO, English only

spoken most often.) YES, other - please specify: _____

Australian Citizenship/Permanent Resident: YES NO

Date of Arrival in Australia: _____ Visa Sub-class No: _____ Visa Sub-class No Expiry Date: _____

International Fee Paying (if known): YES NO

Does the student receive any of the following allowances:

Secondary Assistance Youth Allowance

Assistance for Isolated Children (AIC) Abstudy

Previous School: _____

Reason for change of school (optional): _____

If previously enrolled in Home Education, specify the Education Region: _____

Movement reason (optional): _____

CONFIDENTIAL

Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development? YES NO

If YES, please specify and attach supporting documentation.

Is this student in the care of the Department for Child Protection and Family Support's (CPFS) Director General?

..... YES NO

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

CONSENT FORMS

Parent consent is sought in ATTACHMENT 2 for a variety of school related activities.

STUDENT DETAILS – MEDICAL / HEALTH

In addition to the information below, a separate form (student health care summary) available from the school, is to be completed for all students.

Note: For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

Does the student have a disability? YES NO If YES, please specify the disability/s:

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

- | | |
|--|--|
| <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 |

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) | _____ |

Medical Practice (Name and Address): _____

Doctor's Name: _____ Telephone: _____

Dental Surgery Practice (if applicable, name and address): _____

Dentist's Name: _____ Telephone: _____

Medicare No: _____ Name # _____ Valid to: ____ / _____

Health Care Card (if applicable): YES NO. If Yes, please provide no. _____ Expiry Date: _____

Do you have ambulance cover? YES NO

(If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance)

PARENT / GUARDIAN DETAILS

Parent/Guardian 1 Details

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student: _____

Please indicate whether you have the: Day to day care of the student **or** Long term care of student.

Fees and charges billing: YES NO If no, who is responsible: _____

Postal Address (if different from student residential address):

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home? NO, English only YES, other - please specify:
(If more than one language, indicate the one that is spoken most often)

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? _____ *(Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).*

Parent/Guardian 2 Details

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student: _____

Please indicate whether you have the: Day to day care of the student **or** Long term care of student.

Fees and charges billing: YES NO If no, who is responsible: _____

Postal Address (if different from student residential address):

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

Do you mainly speak English at home? YES NO

Do you speak a language other than English at home? NO, English only YES, other - please specify:
(If more than one language, indicate the one that is spoken most often)

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

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- No non-school qualification

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

What is your occupation group? _____ (Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).

OTHER CONTACT(S) DETAILS

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student: _____

Postal Address (if different from student residential address):

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

Please advise the school if there are any other contacts you would like recorded.

PRIVACY AND INFORMATION SHARING

I understand that my child's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.

I understand that information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.

SIGNATURE

Name of person enrolling student:

Title: _____ First Name: _____ Second Name: _____ Surname: _____

Relationship to the student: _____

If this is an enrolment for Kindergarten, I declare this to be the only enrolment made.

Signature: _____ Date: _____
(independent minors and those aged 18 years or older may sign on their own behalf)

 Signature
 Approved / Not approved
 Date: _____

OFFICE USE ONLY

Student's official documentation all sighted (Date): _____ YES NO

Birth certificate Passport Travel document/s

Student's Residency status: .. Local Permanent Resident

Overseas Student: If yes, International fee paying: YES NO

Entry Date: _____

Previous School: _____ Records received: YES NO

Publications/Internet Permission Form completed: YES NO

Contributions and Charges Billing: PG1: ____% PG2: ____% Other: ____%

Official documentation: PG1: ____ PG2: ____ Other: _____
 (including reports, to be sent to)

AIR immunisation history statement provided: YES NO

Date of issue: _____ Vaccination status is Up to date Not up to date

If not up to date, additional request/s for documentation on date/s: _____

Other immunisation evidence provided: AIR Immunisation History Form YES NO

Immunisation Certificate issued by the Chief Health Officer YES NO

Kindergarten students only Eligibility for immunisation exemption approved: Code

Form/Class: _____ House Faction: _____

Approved by Principal: NO YES on (Date): _____

Entered on School Information system by: _____ on (Date): _____

Student leaves school: (Date) _____ Date Transfer Note Sent: _____

Destination: _____

Records received from transferring school: NO YES on (Date): _____

RETENTION AND TRANSFER OF STUDENT ENROLMENT RECORDS:

1. **Enrolment Applications (successful) – The School to retain for 5 years after last action and then destroy.**
2. **Enrolment Applications (unsuccessful) – The School to retain for 2 years after last action and then destroy.**
3. **Enrolment Register (Register of Admissions/Enrolment Cards used prior to the School Information System) – The School to retain for 7 years after last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.**
4. **Enrolment Records (managed in the School Information System) – The School must print out annually for all school leavers, the School must retain for 7 years after the last action and then archive and transfer to State Records Office only when advised by Corporate Information Services.**
5. **Student files – The School must negotiate with the previous school at the local level the transfer within 5 school days.**

Parent Occupation Groups

Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
<p>Senior management in large business organisation government administration & defence, and qualified professionals</p>	<p>Other business managers, arts/media/sports persons and associate professionals</p>	<p>Tradesmen/women, clerks and skilled office, sales and service staff</p>	<p>Machine operators, hospitality staff, assistants, labourers and related workers</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>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].</p> <p>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 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>Drivers, mobile plant, production/ processing machinery and other machinery operators 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>

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories.

Consent Form

At **Wandering Primary School** we aim to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation / use / access to several aspects of the school program. At all times we make the very best efforts to exercise exemplary standards in respect of duty of care.

MEDIA CONSENT

Children's images and/or their work are often published to recognise excellence or effort and may appear in newspapers, on the internet, in newsletters or on film or video. Their names may also be included but no contact details are provided. Work/images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

- Yes, I give consent to my child to have his/her image and/or work published as described above.
- No, I do not give consent.

In addition, see Appendix F of the [Student's online policy](#).

INTERNET ACCESS

Student access to the internet is provided in accordance with the school policy (available from the office or school website). Student access is contingent on abiding by the users' Code of Conduct.

- Yes, my child has permission to access the internet in accordance with school policy.
- No, I do not give consent.

In addition, see the School's policy and the [Student's online policy](#).

VIEWING CONSENT

Children often watch videos / DVDs / television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

- Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration.
- No, I do not give consent.

LOCAL EXCURSIONS

Children occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, city council library or shopping centre. On all occasions, parents will be notified of the local excursion.

- Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the school.
- No, I do not give consent.

Name of student: _____ Year/Class/Room: _____

Name of person signing the consent form:

Title: ____ First Name: _____ Second Name: _____ Surname: _____

Please indicate relationship to the student (e.g. parent/guardian/responsible person): _____

School Uniform

Wandering Primary School has a Student Dress Code designed to promote the public image of our school. Dress codes can help create a sense of identity and a school culture in which every student experience a sense of belonging.

Primary School Uniform

- **Shirt:** Emerald polo shirt with navy insert and collar.
- **Jacket:** Navy with emerald inserts and trims.
- **Jumper/Zip Jacket:** Navy.
- **Pants/shorts/skirts/skorts:** Navy.
- **School Dress:** checked navy with emerald piping.
- **Stockings, leggings or tights to be worn under a skirt, dress or shorts:** Navy.
- **Hat:** Sunsmart wide brim navy school hat (No caps).
- **Beanie:** plain navy blue.
- **Scarf:** navy blue or teal.
- **Headwear:** plain headband of navy blue or teal colour.
- **Leaver's shirt:** can be worn as part of the school uniform on any day except when instructed by Principal.

General uniform requirements:

- **Footwear:** Sports shoes, flat-soled shoes or sandals. No thongs, crocs (or similar style) or steel cap boots. Sports shoes with socks are to be worn on sports days. Gumboots can be worn on wet days only.
- **Sunglasses:** These may be worn for sun protection. It is recommended that glasses be Cancer Council approved not bright coloured glasses or toy glasses.
- **Make-up:** No make-up shall be worn, e.g., nail polish, temporary tattoos, or facial make-up.
- **Jewellery:** No jewellery except for watches, for cultural reasons, plain small sleepers and stud earrings.
- **Headwear:** No head bands, hats or beanies that have ribbons, flowers or accessories that are not school uniform.
- **No Advertising:** on school clothing. This includes logos or brand names.

Non-Compliant uniform includes:

- Leggings and tights worn as pants.
- Denim clothing.
- Thongs/Crocs (except when directed for swimming, etc).

Uniforms can be ordered through the school office. Payment required prior to collection. Please refer to the uniform order form for further details.

I acknowledge the above uniform requirements.

Parent Name: _____

Parent Signature: _____

Permission For Students to Have an Online Services Account

Student's first name: _____

Student's last name: _____

Parent

I give permission for my child to have an online services account.

I DO NOT give permission for my child to have an online services account.

I understand and agree that my child has responsibilities when using the online services provided at school for educational purposes, in accordance with the Acceptable Use 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 in accordance with the Department's Student Behaviour Policy and Procedures.

Name of parent: _____

Signature of parent: _____ **Date:** _____

Note: While every reasonable effort is made by schools and the Department of Education 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 the school. The Department recommends the use of appropriate internet filtering software at home.

Office use only:
Processed on: / / by (initials):
Note: This agreement should be filed by the school.

Online Services Acceptable Use Agreement (K-Year2)

I agree to follow the rules set out below when I use the Department-provided online services:

- I will keep my password private and not share with other students.
- I will not let other people logon and/or use my online account.
- I will tell the teacher if I think someone is using my online account.
- I will tell the teacher if I see anything that makes me feel uncomfortable or unsafe that I know I should not access or view at school.
- I will say where other people's pictures or words come from if I copy them from the internet.
- I will check with the teacher before giving information about myself or anyone else when using online services.
- I will take care when using the school's computer equipment.
- I will not use any online service to be mean, rude or unkind about other people.
- I understand that if I use the internet or my online account in a way that I should not, then I may not be able to use these in the future.

Name of student: _____

Signature of parent: _____

Date: _____

Office use only:

Processed on: / / by (initials):

Note: This agreement should be filed by the school and a copy kept by the student.

Online Services Acceptable Use Agreement (Years 3-6)

I agree to follow the rules set out below when I use the Department-provided online services:

- I will keep my password private and not share with other students.
- I will not let other people logon and/or use my online account.
- I will tell the teacher if I think someone is using my online account.
- If I find any information that is inappropriate or makes me feel upset or confused, I will tell a teacher about it. Some of these things may include violence, racism, pornography, or content that is offensive, intimidating or encourages dangerous or illegal things.
- I understand the school and the Department of Education can monitor my use of online services.
- I will use appropriate language in all internet communications.
- If I use other people’s work taken from the internet as part of my own research and study, I will acknowledge them as the owner.
- I will check with the teacher before sharing images or giving information about myself or anyone else when using online services.
- I will take care of the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.

I understand that

- I am responsible for my actions while using online services and may be held responsible for any breaches caused if I allow any other person to use my online account.
- If I misuse any online services, I may be held liable and the principal may take further action.

Name of student: _____

Signature of parent: _____

Date: _____

Office use only:

Processed on: / / by (initials):

Note: This agreement should be filed by the school and a copy kept by the student.

Permission to Publish Student's Images and Work for School Purposes

Dear Parents/Carers,

Your permission is sought for the school to publish video or photographic images of your child and/or samples of your child's schoolwork to be used by the school and the Department of Education. The purpose of using the images or work will be activities such as promoting the school, school events and student achievements.

Your child's image and/or school work may be published for the above purposes in a range of formats such as hardcopy and digital, including audio and video file formats, and published to a range of media including but not limited to school newsletters, email, school and Department of Education intranet and internet sites including social media websites (e.g. Facebook, YouTube etc.), any third party applications and local newspapers in hardcopy and digital formats, which may enable viewers/readers to identify your child.

The school will endeavour to limit identifying information that accompanies images of your child or child's work; however, there will be occasions when your child's name, class and school may be published along with images.

If you agree to this use of your child's image and schoolwork, please complete the consent below. Once signed, the consent will remain effective until such time as you advise the school otherwise.

Wandering Primary School
Principal

PERMISSION (do not detach)

I agree to the videoing or photographing of my child and my child's school work during school activities for use by the school and the Department of Education in the ways stated above.

IMPORTANT: I understand that while the school and Department of Education will only publish my child's information for the above-stated purposes, the internet is accessible by any person worldwide. I understand that my child's information can be accessed, copied and used by any other person using the internet (e.g. shared through social media such as Facebook, YouTube, etc.). I understand that once my child's information has been published on the internet the school and Department of Education have no control over its subsequent use and disclosure. I understand that I can withdraw this permission at any time by contacting the school or Department in writing; however, this will not affect materials that have already been published and disseminated.

Name of student: _____ **Form / Class:** _____

Signature of student: _____ **Date:** _____

Signature of parent: _____ **Date:** _____

Note: This consent form should be filed by the school and a copy provided to the parent.

Third-Party Service Letter

Dear Parents/Carers,

Wandering PS uses several online applications or services to:

1. Assist school administration processes and communication; and
2. Support student learning in the classroom

These are not Department managed services but are provided by third party vendors. To implement them we need to provide some personal information about your child. The amount and type of information will vary depending on the service however it may include identifying information such as your child's name, email address, class, date of birth, health and behavioural records, assessments, completed work, photos, or videos.

Each of the third-party services we use has been assessed and approved for use in WA public schools by the Department of Education.

Before we disclose any information to a third-party service, we want to keep you informed and, where required, ask for your consent. When providing consent, it is important that you are aware of what type of information we will be providing, how it will be used, and where it will be stored. On the attached forms you will find details about each service including links to relevant Terms of Use statements and/or Privacy Policies.

Please read and complete Attachment 9. If you have any queries, please feel free to contact the Principal/School.

Yours sincerely

Wandering Primary School
Principal

Third-Party Services Permission Form

The following third-party services are being used in Wandering Primary School. These services require us to share some personal information about your child and **require you to provide consent** for each service before we do so.

Please contact the school if you have any queries.

Name of Service	Type of service	What do I need to know	Further information	Consent
Name Mathletics https://www.mathletics.com/au/	Category Mathematics Teaching and learning	Information provided: Student name, school, student email, student password, class details, student work and student performance. How the information is used: Provides students with access to online maths learning tool and online maths competitions. Where the information is stored: Within Australia	Terms of Use / Privacy Policy http://www.3plearning.com/privacy/ https://www.3plearning.com/terms/	Consent Status <input type="checkbox"/> Consent <input type="checkbox"/> Do not Consent
Name PAT (ACER) https://www.acer.org/au/pat	Category Assessment and Testing	Information provided: Staff/teacher: name, email, Student: name, date of birth, work/content, gender, grades or performance data, other data Parent: name, contact information How the information is used: Tests to provide objective, norm-referenced information about students' skills and understandings in a range of key areas. Where the information is stored: Within Australia	Terms of Use / Privacy Policy https://www.acer.org/privacy https://www.acer.org/online-terms-of-use	Consent Status <input type="checkbox"/> Consent <input type="checkbox"/> Do not Consent
Name Reading Eggs https://readingeggs.com.au	Category Mathematics Teaching and learning	Information provided: Student Username and password, student name, student email, school, class details, school year and student work. How the information is used: Support child's learning to	Terms of Use / Privacy Policy https://readingeggs.com.au/privacy	Consent Status <input type="checkbox"/> Consent <input type="checkbox"/> Do not Consent

		read with online reading games and activities that are easy to follow, self-paced, and engaging for young children. Where the information is stored: Within Australia	https://readingeggs.com.au/terms	
Name Seesaw https://web.seesaw.me	Category Class communication Teaching and Learning	Information provided: Student name, student email, school, class details, school year, parent email, parent name, student work, profile or other photos and videos. How the information is used: This service is a digital portfolio and communication platform. Where the information is stored: Outside Australia	Terms of Use / Privacy Policy https://web.seesaw.me/privacy-policy https://web.seesaw.me/terms-of-service	Consent Status <input type="checkbox"/> Consent <input type="checkbox"/> Do not Consent
Name Scholastic Literacy Pro https://au.scholastic.com/en/literacy-pro	Category Teaching and Learning Assessment	Information provided: Staff/teacher: name, email Student: name, email, grades or performance data Other data: school How the information is used: Literacy program including assessment and evaluation. Where the information is stored: Within Australia	Terms of Use / Privacy Policy https://www.scholastic.com/privacy.htm https://www.scholastic.com/terms.htm	Consent Status <input type="checkbox"/> Consent <input type="checkbox"/> Do not Consent
Name Oliver https://www.softlinkint.com/product/oliver/	Category School library management web-based software	Information provided: Class details, Student Username, School name, Student email, Student photos or video How the information is used: School Library Management Where the information is stored: Within Australia	Terms of Use / Privacy Policy https://www.softlinkint.com/data-protection-privacy-policy/	Consent Status <input type="checkbox"/> Consent <input type="checkbox"/> Do not Consent

By signing and returning this form you acknowledge and consent that:

- You have received and read this information.
- You understand how your child's personal information will be collected, used, disclosed, and managed.
- You understand that this consent will continue while your child is involved in the use of the consented online services.

- You understand that this consent on behalf of your child may be withdrawn at any time by written notification to the school.
- You understand that if you do not provide consent, your child will not have access to these online services.

Please note that, given the significant education benefits that these services provide, the school will contact you to discuss your reasons should you not consent or fail to provide a response.

I have read the terms of use and privacy policy for each of the websites listed. I understand that my child's personal information, as described above, will be provided to these third-party service providers for the purpose of my child's education and that this information may be stored outside of Australia.

Name of student: _____

Name of Parent/Guardian: _____

Signature of parent: _____

Date: _____