



*Inclusion. Respect. Effort. Resilience.*

**Student name:** \_\_\_\_\_

**Year Level:** \_\_\_\_\_

# Enrolment Information Pack

When completed please return to  
Katherine High School Front Office, Grevillea Road  
PO Box 189, Katherine NT 0850

OR

Email: [admin.kathehs@ntschoools.net](mailto:admin.kathehs@ntschoools.net)

Telephone: (08)89738200

# Enrolment checklist



To be completed by Parents or Caregivers

**Student Name** .....

**Previous School**.....

**Current Grade**      Yr6 ☐   Yr7 ☐   Yr8 ☐   Yr9 ☐   Yr10 ☐   Yr11 ☐   Yr12 ☐

## KHS Enrolment forms

- ☐ Internet / ICT agreement
- ☐ Consent to Release NTCET Information Consent from – Media Release
- ☐ Library Membership form
- ☐ Copy of most recent school reports
- ☐ Proof of identity (Birth certificate) / Immunisation History
- ☐ Interstate transfer form and most recent NAPLAN (If transferring from interstate)

## KHS Medical Forms

- ☐ Anaphylaxis Plan
- ☐ EpiPen / EpiPen Jr Student Information
- ☐ Asthma Action Plan
- ☐ Medication Request by Parent/Carer
- ☐ Medication Instructions from Prescribing Doctor
- ☐ Student Health Issues Record
- ☐ NT Hearing Services
- ☐ SWIPS

\*Please do not return this enrolment form without relevant documentation attached.



KATHERINE  
HIGH SCHOOL

**Office use only**

Student UPN:  
(please use Student Master Index)

Year:

Form:

Anticipated start date:

Enrolment status:

Full-time ☐ Part-time ☐ FTE: ☐

# Student Enrolment Form

## Information and Privacy

The Department of Education is committed to providing Northern Territory students with quality education services. The department needs to ask for personal information from students, parents and guardians so it can plan, provide and report on its services, and to monitor compliance under the *Education Act*. Personal information will only be disclosed for these purposes as permitted by the *Information Act*.

The *Privacy Statement* attached is for your information. Please take the time to read this as it outlines in greater detail the use and disclosure of the information that you provide.

**If you need help completing this form, including translation services, please contact your school.**

School name:			
Has the student ever attended an NT school?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What was the last school the student attended?	School name:		
	State/Territory:	Country: (if not Australia)	
	Year/grade/level attained:	Date of leaving: / /	
Is this student residing in the NT due to a Defence Force posting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Proof of identity attached (e.g. birth certificate, passport)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Section 1 Student Details		
Surname:		
Legal surname on birth certificate: (if different from above)		
Previous surname: (if applicable)		
1st name: (given name)		
2nd name: (middle name)		
3rd name: (if applicable)		
Preferred first name:		
Has the student been known by any other names? (if not listed above)	Other surname/s:	Other first name/s:

Date of birth:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Tribal grouping/clan name: (if applicable)		
Skin name: (if applicable)		
Student's residential address:		
Suburb/town/community:		Postcode:
Student's postal address: (if different from above)		
Suburb/town/community:		Postcode:

<b>Senior secondary students only</b>	
Student's contact details:	Phone:
	Mobile:
	Email:
Student's car registration number: (if applicable)	
Is the student independent? (i.e. living without a parent/guardian)	<input type="checkbox"/> Yes (If yes, all correspondence will be sent to the student). <input type="checkbox"/> No (If no, all correspondence will be sent to the parent/guardian).

<b>Section 2 Additional Student Information</b>	
Is the student of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
Does the student speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify: <hr/>
Is the student an Australian citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what is the visa subclass number: (e.g. 457, 676) If you have any questions about the visa subclass, contact the department's International Services Branch on 8901 4905.	<hr/> <input type="checkbox"/> Copy of visa attached?
If born overseas, on what date did the student arrive in Australia?	/ /
In which country was the student born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify: <hr/>

**Section 3 Special Family Circumstances**

Special family circumstances include a single parent, dual custody, foster care, court orders, access restrictions etc. Please provide details of the circumstances.

Are supporting legal documents attached? ☐ Yes ☐ No

**Section 4 Parent/Guardian Information**

**If you are an independent student (living without a parent or guardian) please go straight to Section 7**

	Parent/guardian 1	Parent/guardian 2
Title: (Mr/Ms/Mrs/Miss)		
Surname:		
First name:		
Middle name:		
Relationship to student: (e.g. father, grandmother)		
Responsible for parenting*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive reports etc*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact this person in an emergency?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No (If all the No boxes above are ticked, please ensure Section 3 is completed.)
Home phone:		
Other phone:		
Mobile:		
Email:		
Residential address:		
Suburb/town/community:		
Postcode:		
Postal address: (if different from above)		
Suburb/town/community:		
Postcode:		

\*Tick all boxes that apply

## Section 5 Parent/Guardian Background Information

The information requested in this section is collected for national reporting purposes. All parents across Australia are being asked to provide this optional information. It will be used to assist school education authorities in ensuring funding and teaching resources are appropriately allocated to Territory schools as part of the *National Education Agreement*.

Does the parent/guardian speak a language other than English at home?  
If more than one language, indicate the one that is spoken most often.

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify

What is the **highest** year of primary or secondary school the parent/guardian has completed?  
For persons who have never attended school, mark Year 9 or equivalent or below.

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below

What is the level of the **highest** qualification the parent/guardian has completed?

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> Bachelor degree or above Advanced <input type="checkbox"/> diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor degree or above Advanced <input type="checkbox"/> diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification

What is the occupation group of the parent/guardian?

Please select the appropriate parental occupation group below (for more details refer to Appendix 2).

If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.

Parent/guardian 1	Parent/guardian 2
<input type="checkbox"/> <b>Group 1</b> Senior management in large business organisation, government administration, and qualified professionals	<input type="checkbox"/> <b>Group 1</b> Senior management in large business organisation, government administration, and qualified professionals
<input type="checkbox"/> <b>Group 2</b> Other business managers, arts/media/ sportspersons, and associate professionals	<input type="checkbox"/> <b>Group 2</b> Other business managers, arts/media/ sportspersons, and associate professionals
<input type="checkbox"/> <b>Group 3</b> Tradesmen/women, clerks and skilled office, sales and service staff	<input type="checkbox"/> <b>Group 3</b> Tradesmen/women, clerks and skilled office, sales and service staff
<input type="checkbox"/> <b>Group 4</b> Machine operators, hospitality staff, assistants, labourers and related workers	<input type="checkbox"/> <b>Group 4</b> Machine operators, hospitality staff, assistants, labourers and related workers
<input type="checkbox"/> <b>Other</b> Not in paid work in the last 12 months	<input type="checkbox"/> <b>Other</b> Not in paid work in the last 12 months
<input type="checkbox"/>	<input type="checkbox"/>

Section 6 Sibling Information			
Does the student have any brothers or sisters at this school?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details below		
	Sibling's given names	Surname	Date of birth
			/ /
			/ /
			/ /
			/ /

Section 7 Additional EmergencyContacts		
For an emergency where the parent/guardian/carers cannot be contacted, please provide alternative contacts. For independent students this is the 1st point of contact in an emergency.		
	Contact 1	Contact 2
Title: (Mr/Ms/Mrs/Miss)		
Name:		
Relationship: (e.g. aunt, friend)		
Phone 1:		
Phone 2:		

Section 8 Medical Details and Consent		
Does your child suffer from any of the following? (Tick all the boxes that apply)		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Seizure disorder (e.g. epilepsy)	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Physical disability
<input type="checkbox"/> Speech impairment	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Intellectual/learning impairment (e.g. dyslexia)
<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Mental health or behaviour issue (e.g. depression, ADHD)	
<input type="checkbox"/> Other, please specify: _____		
If you have ticked any of the boxes above please provide further information. Also provide details if the student has any special needs or requires support in school (including details of previous special needs assessments undertaken by a school etc).		

**NOTE: School staff will administer first aid, seek medical assistance or call an ambulance for the student being enrolled if they judge this to be necessary.**

<input type="checkbox"/> Medication required. Please supply details of any treatments, care or medication required. (contact school for relevant forms)	
Relevant medical consent forms completed and attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No, not required
Immunisation certificate/record provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent to the sharing of health information between schools and Department of Health and Families (DHF) as stated in the privacy statement (for more details see Appendix 1). Health information may be shared with DHF, which offers student health services including nursing, dental, audiology and general health advice. DHF provides feedback to the schools after health checks (e.g. vision or hearing results.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent to a school health surveillance check when my child is in Transition and/or Year 1 (if applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent to my primary school child having a dental examination (if applicable).  Parents/guardians will be notified of the result and asked to give consent for any treatment or referrals. No treatment will be carried out without a current signed consent. Parents/guardians are encouraged to accompany their child to appointments.  More information available on website <a href="http://www.health.nt.gov.au/oral_health">www.health.nt.gov.au/oral_health</a> NB: Eligibility for public oral health services is restricted to defined client groups and excludes some visa subclass numbers. Information regarding eligibility can be found at <a href="http://www.health.nt.gov.au/Oral_Health/Child_and_Adolescent_Services/index.aspx">www.health.nt.gov.au/Oral_Health/Child_and_Adolescent_Services/index.aspx</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 9 Additional Consents				
<b>Consent for publication of a student's Photo and Work</b> DoE may record sound and/or vision of a student and their work while they are at school or taking part in school related activities or performances. Photographs of students involved in activities, and work by students, are often published to enable the students to share their experiences and to enable parents and others to be informed about the school or college's work. This does not mean that the student loses ownership of the works.  Please provide consent for the following:				
	Use of Student Photograph	Use of Work by Student	Publishing Student First Name	Publishing Student Surname
School/College Newsletter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
School/College Yearbook	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
School/College/Department Website	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Consent for all other media usage should be sought as and when required.



<p><b>Consent for library use</b></p> <p>I give consent to authorised access of the student's contact details and library borrowings by LINNet (Libraries in the Northern Territory) and associated libraries.</p> <p>School libraries use the contact details to provide library borrowing services to students, and may share this information with LINNet and associated libraries. Only authorised library personnel will have access to this information. Please note failure to provide the information in full or part may result in limiting or preventing the student from borrowing from the school library.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Consent for attending religious instruction</b></p> <p>I give consent for the student to attend religious instruction. Name of religious instruction you wish the student to attend:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**It is your responsibility to notify the school in writing of any changes to the information provided on this enrolment form.**

Name of parent/guardian/independent student enrolling the student and providing consents:

\_\_\_\_\_

(Please print)

Relationship to student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:    /    /

Name of school witness: \_\_\_\_\_

(Please print)

Signature: \_\_\_\_\_ Date:    /    /

## APPENDIX 1 Privacy Statement

For more information regarding the Department of Education (DoE) obligations in relation to protecting your privacy, visit <http://www.education.nt.gov.au/about-us/foi> or contact a DoE Information Officer on (08) 8901 4907. We need enrolment details for the following purposes:

### Student Details

- This information is required to discuss matters regarding the student's education, for contact in an emergency or for other educational purposes. These other educational purposes may include:
  - the determination of the number of school aged children in a region, allowing DoE to plan resourcing for schools;
  - to assist in the provision of transport to and from schools;
  - to determine whether all school-aged children are enrolled in an educational facility as required by the NT *Education Act*;
  - any requirements under relevant laws of either the Northern Territory or Australian Government; and
  - students' names and demographic information may be verified against health records.

### Student and Parent Background Information

- Some of this information is a standard requirement on all enrolment forms Australia wide as part of the National Education Agreement. The information you provide will assist school education authorities in ensuring funding and teaching resources are appropriately allocated to Territory schools. Some of this information will be forwarded to the Australian Government as required under the appropriate legislation.

### Additional Emergency Contacts

- This is required in the event that the school is unable to contact parents/guardians. Please ensure that the people named have agreed to their details being provided to the school.

### Special Family Circumstances

- Additional information about parents/guardians. This is needed so that we are aware of family arrangements e.g. foster care, dual custody, access restrictions. Please provide any relevant Court Orders including access restrictions and parenting plans, and inform the school as soon as possible about any changes to your family arrangements.
- Contact your school principal if you would like to discuss, in strict confidence, any matters relating to these arrangements.

### Medical Details and Consents

- Health information is required so that our staff can properly care for your child. Please ensure this is up-to-date, as incomplete or inaccurate health information may put your child's health at risk.
- Contact information may be shared with staff of the Department of Health and Families (DHF) should nurses, dentists, audiology staff and health workers need to contact parents/guardians.  
The school may need to disclose personal and sensitive information to medical practitioners, and people providing services to the school, including specialist visiting teachers and counsellors.
- We require details of student medical conditions and/or disabilities, and medication they may need while at school. If possible, please provide medication to the school in an authorised pharmacy packet.
- Please inform the school if your child develops a medical condition that may require regular or emergency treatment by school staff.
- Medical information will be shared with school staff on a "need to know" basis. Relevant sections of your child's medical records may be held at the school in suitable locations to ensure that appropriate action is taken in emergencies.
- Health information may also be shared with DHF, which offers student health services including nursing, dental, audiology and general health advice. DHF provides feedback to the schools after health checks (e.g. vision or hearing results) to ensure the student is properly cared for at school.
- DHF may provide medical information back to the school to assist in planning appropriate health interventions and to assist in classroom curriculum activities.

Please contact the school if you require further information or clarification regarding the DoE Medications Policy.

**Access to Your Child's Record Held by the School** In most circumstances you are able to access your child's records. Please contact the Principal to do

so. If you have any concerns about the privacy of this information please contact the Principal.

## APPENDIX 2

### List of Parent or Guardian Occupation Groups

#### Group 1

Senior management in large business organisation, government administration and defence, and qualified professionals

**Senior executives/manager/department head** in industry, commerce, media or other large organisation. **Public service manager** (Section head or above), regional director, health/education/police/fire services administrator

**Other administrator** [school principal, faculty head/dean, library/museum/gallery director, research facility director]

**Defence Forces** Commissioned Officer

**Professionals** generally have a 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.

**Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional **Business**

[management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer] **Air/sea transport** [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

#### Group 2

Other business managers, arts/media/ sportspersons and associate professionals

**Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

**Specialist manager** [finance/engineering/production/ personnel/industrial relations/sales/marketing]

**Financial services manager** [bank branch manager, finance/investment/insurance broker, credit/loans officer]

**Retail sales/services manager** [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

**Arts/media/sports** [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official] **Associate professionals** generally have diploma/ technical qualifications and support managers and professionals.

**Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional

**Business/administration** [recruitment/employment/ industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager] **Defence Forces** senior Non-Commissioned Officer

#### Group 3

Tradesmen/ women, clerks and skilled office, sales and service staff

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/ women are included in this group.

**Clerks** [bookkeeper, bank clerk/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 desk, admissions clerk]

**Skills office, sales and service staff**

**Office** [secretary, personal assistant, desktop publishing operator, switchboard]

**Sales** [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

**Service** [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

#### Group 4

Machine operators, hospitality staff, assistants, labourers and related workers

**Drivers, mobile plant, production/processing machinery and other machinery operators.**

**Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper] **Office assistants, sales assistants and other assistants.**

**Office staff** [typist, word processing/data entry/business machine operator, receptionist, office assistant]

**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]

**Assistant/aide** [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

**Labourers and related workers**

**Defence Forces** ranks below senior NCO are not included above

**Agriculture, horticulture, forestry, fishing, mining worker** [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

**Other worker** [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

## ICT Acceptable Use Agreement for Students

The following agreement covers the student's use of Internet, intranet, portal, network and email.

Katherine High School provides all students enrolled at the school with Information Communication and Technology (ICT) facilities for educational use. Students may use these facilities for class work, research, the preparation of assignments and communication. The resources provided include computers and peripherals, access to network resources, e-mail, the NT DoE Educational Portal and the Internet. Care must be taken to ensure the resources are protected from harm and that no users are exposed to materials considered offensive or illegal. Students and parents should carefully read the conditions below. To have access to the school's ICT resources, students must agree to abide by the school's Acceptable Use Agreement.

1. Only software purchased or approved by the school, and installed by the school, can be used on school equipment.
2. Software copyright is to be observed at all times. It is illegal to copy or distribute school software. Illegal software from other sources is not to be copied to or installed on the school equipment.
3. Copyright of materials from electronic resources is to be observed at all times.
4. Students must follow the rules posted for the use and care of the computer equipment at all times.
5. Students using the ICT facilities may only do so under the supervision of school staff. Any students not following staff instructions may have further access restricted or denied.
6. Privacy and network security is to be observed. Students must not under any circumstances access personal files belonging to others, software or areas of the network which are not designated for their use.
7. The sharing of passwords is a security risk consequently students must not give their password to other students or log in with another users name under any circumstances.
8. All users must log off when leaving a computer.
9. There should be no disruption to class activities by unauthorised broadcast messages across the school network.
10. Virus protection is very important. If students use USB to transfer work between the school network computers and computers outside the network, they must be scanned for viruses prior to use on the school network. Virus checking software will be made available on the school computers for this purpose.
11. Printing of materials of a personal nature or unassociated with school activities is not permitted unless approval is sought from a school staff member. This may incur a charge.
12. The use of ICT facilities, specifically the Internet, is for educational, communication and research purposes only:
  - D Deliberate attempts to look for or download and use material that is illegal or which would be thought of as offensive is not permitted. Only materials required for school activities as directed by teachers may be downloaded. This includes downloading of MP3's, MPEG's and other large files. If students should unknowingly navigate to a web site that contains material that may be considered offensive, they must clear the screen immediately and notify the teacher.
  - D Students must not use inappropriate language or harass others when communicating online.
  - D Privacy and ownership of others' work and materials from web sites must be respected at all times.
  - D The use of direct communications such as on-line chat facilities must only be carried out under the supervision of a staff member and must only be as part of educational on-line activities.
  - D This agreement acknowledges that there are times where a student may be required to provide personal details. Such details are not to be provided by the student unless permission is given by a teacher.

Note: Deliberate misuse of computer equipment and software or deliberate breaches of the conditions of this agreement may result in access restrictions to ICT facilities by the student (s) involved and result in discipline by school administration.

**By signing this agreement and using the equipment and resources of Katherine High School, the student agrees to abide by these conditions.**

**Parent:**

☐ I understand the conditions under which ICT facilities are made available and agree to those conditions. I further understand that additional explanations have been provided to my child, copies of which can be obtained from the school upon request.

☐ I understand that my child may be accessing the Internet for educational purposes or in accordance with this Agreement.

☐ I understand that any use of facilities contrary to this Agreement, or generally, will be treated as a breach of school discipline and shall be dealt with accordingly.

The school reserves the right to vary the terms of this Agreement to accommodate unforeseen circumstances relating to the use of facilities by students. Variations shall be in writing signed by the school Principal, and shall be distributed to students and shall take effect accordingly.

Please Print (Parent / Guardian) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**Student:**

I understand the conditions outlined in the school's Acceptable Use Agreement. I have had this document explained to me and I am fully aware of my responsibilities with regard to the use of ICT facilities in the school.

Please Print (Student) Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Agreement signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

## **General consent for the use of in all Media**

### **Student Visual (Includes Photographs), Recordings & Work**

Due to the legislative changes to the Information Act 2003, permission is required for visual/audio recordings to be taken and used for school publicity purposes and for student work to be displayed. Katherine High School is collecting the information in this form to obtain permission to use visual and/or audio recordings & student work in Katherine High School advertising, documents and promotional materials.

This consent is valid for the term of your child's enrolment at the school, or until it is rescinded. This consent can be withdrawn at any time by contacting the principal in writing. This information will not be used for any other purpose than that stated.

For more information please contact Katherine High School: tel +61 8 8973 8200,  
email: admin.kathehs@ntschoools.net.

#### **Consent to use student visual, audio recordings & work in the school & NT Government publications**

The school may use visual, audio recordings of students and/or their work in school publications such as the schools magazine, newsletter, promotional brochures and the newspapers. Use of visual, audio recordings and displaying students' work would typically be in connection with an achievement, such as becoming a member of the student executive, a sports team captain; winning awards and school-based competitions or participation in activities such as NT School Sport, music, drama, excursions and co- curricular programs.

Do you consent to the use of your child's visual & audio recordings in school print publications?

☐ YES ☐ NO

Do you consent to the use of your child's work in school print publications?

☐ YES ☐ NO

#### **Consent to use student visual, audio recordings & work on the school website & social media (Includes Facebook, Instagram)**

On the school website & social media there are images of students where a student is identified only by their first name, team or class name. Parents/guardians would be contacted and asked to give additional consent for individual photographs and the student's full name, if required.

Do you consent to the use of your child's visual & audio on the school's website or social media?

☐ YES ☐ NO

Do you consent to the use of your child's work on the school's website or social media?

☐ YES ☐ NO

#### **Consent to use student photograph or work for external display or event promotion.**

Visual and/or audio recordings & student work, or other personal information (first names) may be supplied to 3rd party providers in promotion of 3rd party events and publications. Typically be in connection with 3rd party providers undertaking student workshops, excursion or exhibitions. These may be via social media, website or publication in print form.

Do you consent to the use of your child's visual & audio for external 3rd party display or event promotion?

☐ YES ☐ NO

Do you consent to the use of your child's work for external 3rd party display or event promotion?

☐ YES ☐ NO

Wherever possible, Katherine High School will remain sensitive to and understanding of cultural, family and personal sensitivities.

**Are you of Aboriginal or Torres Strait Islander descent?**

☐ YES ☐ NO

Any special restrictions or conditions:

Note: Consent to display or publish your child's work does not mean your child loses their rights over their work, simply that the school has permission to use the work for the purposes mentioned.

Please read this form carefully before completing and signing.

**Signed by the parent/guardian:**

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signed by the student:**

Name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Katherine High School Witness**

Name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Katherine High School Library Membership Form

Membership category: ☐ Student ☐ Teaching Staff ☐ Non-Teaching Staff

### Student or Staff member details

<u>Title</u>	<u>First and Middle Name</u>	<u>Last Name</u>	<u>Date of birth</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (Must be in NT):Residential		<input type="text"/>	
(Home) address:		<input type="text"/>	
Home phone:	<input type="text"/>	Mobile phone:	<input type="text"/>
Email address:	<input type="text"/>		

Preferred method of contact for reservation & overdue notifications:

☐ Email

☐ Letter

Parent or Guardian to complete for students under 18 years

<u>First and Middle Name</u>	<u>Last Name</u>	<u>Relationship</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Consent

According to the NT Information Act, we require your consent to securely store your personal data outside of the Territory for the purposes of library business only.

I authorise permission for personal data for the library Patron:

1. to be stored outside the Northern Territory and, where required, Australia
2. to be stored securely; and
3. for the purposes of library business only, in accordance with the Information Act and Information Privacy Principles for the collection and handling of personal information.

I agree to abide by the Katherine High School Library Terms & Conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Statement:** The Katherine High School will only collect personal information that is necessary for its functions and activities. When personal information is collected all reasonable steps will be taken to ensure that the individual is aware of what information we want, for what purpose, whether any law requires us to collect it, and the consequences, if any, of not providing the information.

#### Office Use Only

Patron account created: \_\_\_\_\_ Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_

*Staff: Document to be stored in Student/Staff Record file once processed*



## Nationally Recognised Training Programs

All students participating in Nationally Recognised Training in Australia must have a Unique Student Identifier (USI). This includes students completing VET (TAFE), Short Courses (First Aid, Life Saving, Working at Heights etc.) and university.

We are asking all students in Years 10, 11 and 12 to obtain a USI in order to commence VET and other short courses that may become available while they are enrolled at Katherine High School.

Student Name \_\_\_\_\_

USI \_\_\_\_\_

OR

If your student does not have a USI, Katherine will support them to obtain this and require the following information

Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Medicare Card Details

- Colour of Card \_\_\_\_\_
- Card Number \_\_\_\_\_
- Number next to persons name \_\_\_\_\_
- Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Birthplace

- Town \_\_\_\_\_
- State/Territory \_\_\_\_\_

I give permission for Katherine High School to use the above information to create a USI for my student.

Parent/Guardian Name \_\_\_\_\_

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

# ACTION PLAN FOR Anaphylaxis

Name: \_\_\_\_\_ Date of birth: DD / MM / YYYY

Confirmed allergen(s): \_\_\_\_\_

Family/emergency contact(s):

1. \_\_\_\_\_ Mobile: \_\_\_\_\_

2. \_\_\_\_\_ Mobile: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_ (doctor or nurse practitioner) who authorises medications to be given, as consented by the parent/guardian, according to this plan.

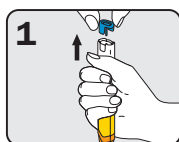
Signed: \_\_\_\_\_ Date: DD / MM / YYYY

Antihistamine: \_\_\_\_\_ Dose: \_\_\_\_\_

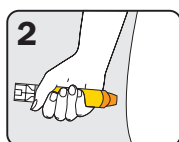
This plan does not expire but review is recommended by: DD / MM / YYYY

## How to give adrenaline (epinephrine) injectors

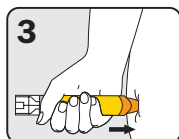
### EpiPen®



Form fist around EpiPen® and PULL OFF **BLUE** SAFETY RELEASE



Hold leg still and PLACE **ORANGE** END against outer mid-thigh (with or without clothing)



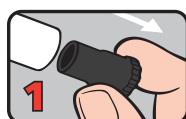
PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed as follows:

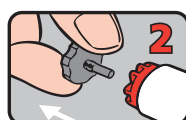
EpiPen® Jr (150 mcg) for children 7.5-20kg

EpiPen® (300 mcg) for children over 20kg and adults

### Anapen®



PULL OFF **BLACK** NEEDLE SHIELD



PULL OFF **GREY** SAFETY CAP from red button



PLACE NEEDLE END **FIRMLY** against outer mid-thigh at 90° angle (with or without clothing)



PRESS **RED** BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® is prescribed as follows:

Anapen® 150 Junior for children 7.5-20kg

Anapen® 300 for children over 20kg and adults

Anapen® 500 for children and adults over 50kg

## MILD TO MODERATE ALLERGIC REACTIONS

### SIGNS:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

**Mild to moderate allergic reactions may not always occur before anaphylaxis**

### ACTIONS:

- Stay with person, call for help
- Locate adrenaline injector
- **Give antihistamine - see above**
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

## SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

**Watch for ANY ONE of the following signs:**

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

## ACTIONS FOR ANAPHYLAXIS

### 1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



### 2 GIVE ADRENALINE INJECTOR

### 3 Phone ambulance - 000 (AU) or 111 (NZ)

### 4 Phone family/emergency contact

### 5 Further adrenaline may be given if no response after 5 minutes

### 6 Transfer person to hospital for at least 4 hours of observation

### IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

### ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer

if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

## EpiPen / EpiPen Jr Student Information

Student's Name		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth	School	Class	
Name of Parent/Guardian		Place student's photo here	
Phone (Home)			
Phone (Work)			
Phone (Mobile)			
Name of Alternative Contact			
Relationship to Student			
Phone (Home)			
Phone (Work)			
Phone (Mobile)			
Name of Doctor / Surgery		Telephone (Surgery)	
List your child's allergies		Site of Medical Alert Bracelet Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Neck <input type="checkbox"/> Other <input type="checkbox"/>	
What are the early warning signs for your child if experiencing an allergic reaction?		When is this allergic reaction like to occur?	
How do you manage your child's allergies (EpiPen, tablets, diet?)			
Does your child give own EpiPen injection? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Medication Name	Dosage	Frequency	Side effects
Additional information / instructions			
Permission for school staff to administer EpiPen in an emergency Yes <input type="checkbox"/> No <input type="checkbox"/>			
Signature of Parent / Guardian		Signature of Principal	
Date		Date	
Signature of School Nurse		Signature of First Aid Officer	
Date		Date	

# ASTHMA CARE PLAN FOR EDUCATION AND CARE SERVICES

**CONFIDENTIAL:** Staff are trained in Asthma First Aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

PHOTO OF STUDENT  
(OPTIONAL)

Plan date  
\_\_\_\_/\_\_\_\_/20\_\_\_\_

Review date  
\_\_\_\_/\_\_\_\_/20\_\_\_\_

## MANAGING AN ASTHMA ATTACK

Staff are trained in Asthma First Aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

## DAILY ASTHMA MANAGEMENT

This student's usual asthma signs:

Frequency and severity:

Known triggers for this student's asthma  
(e.g. exercise\*, colds/flu, smoke) —  
please detail:

Cough

Daily/most days

Wheeze

Frequently (more than 5 x per year)

Difficulty breathing

Occasionally (less than 5 x per year)

Other (please describe):

Other (please describe)

Does this student usually tell an adult if s/he is having trouble breathing?

Yes

No

Does this student need help to take asthma medication?

Yes

No

Does this student use a mask with a spacer?

Yes

No

\*Does this student need a blue/grey reliever puffer medication before exercise?

Yes

No

## MEDICATION PLAN

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

NAME OF MEDICATION AND COLOUR	DOSE/NUMBER OF PUFFS	TIME REQUIRED

## DOCTOR

Name of doctor

Address

Phone

Signature

Date

## PARENT/GUARDIAN

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature

Date

Name

## EMERGENCY CONTACT INFORMATION

Contact name

Phone

Mobile

Email

For asthma information and support, or to speak with an Asthma Educator, call **1800 ASTHMA** (1800 278 462) or visit [asthma.org.au](http://asthma.org.au)



**MEDICATION REQUEST BY PARENT/CARER***FOR STUDENT WITH NOTIFIED MEDICAL CONDITION*

Name of Parent/Guardian:	
Name of Student:	
Name of School:	Class:
Name of prescribing Doctor:	
Medical information / condition:	
Name of drug:	
Dose to be given:	
Time to be given:	
Signature of Parent/Guardian:	Date:

If the parent has written a letter explaining the above, the letter should be attached to this form.

## MEDICATION INSTRUCTIONS FROM PRESCRIBING DOCTOR

These instructions are requested to enable the school to maintain its 'duty of care' when administering prescribed drugs to students whose condition would otherwise preclude attendance at school.

Doctor's name:		
Address:		
Telephone:		
Name of client:		
Details of medical condition:		
Name of drug prescribed:		
Drug administration details (Dose and frequency/time)		
Important adverse effects of this drug are:		
Special arrangements are necessary to administer the drug or monitor the student after drug administration: YES <input type="checkbox"/> NO <input type="checkbox"/> Training of the designated officer is necessary: YES <input type="checkbox"/> NO <input type="checkbox"/> Details of arrangements / training (if necessary):		
Signature of prescribing Doctor:		
Date:		

## Student Health Issues Record

Date			
Name		DOB	Age
		M <input type="checkbox"/>	F <input type="checkbox"/>
School		Teacher	Year Level
Parents / Guardians		Address	
Phone Contacts: Home No. Work No. Mobile No.		Health Care Team	

Date	Time	Participants(s)	Issues	Action
Signature of Parent / Guardian			Date	Signature of Principal
				Date
Signature of Medication Administration Officer			Date	

**CLIENT DETAILS**

Family Name:

Given Names:

Also known as

Date of Birth:

Sex ☐ Male ☐ Female

If interpreter required, please specify language:

Indigenous status: Are you of Aboriginal or Torres Strait Islander origin? *(For those persons of both Aboriginal & Torres Strait Islander origin, mark both 'yes')*.

☐ No  
☐ Yes, Aboriginal  
☐ Yes, Torres Strait Islander

**ADDRESS DETAILS**

Residential Address:

Suburb/Community:

State:

Postcode:

Postal Address (if different):

Suburb/Community:

State:

Postcode:

Phone No. (H):

(W):

Mobile:

Email:

**PERSON TO BE CONTACTED IN CASE OF EMERGENCY**

Name:

Relationship to Client:

Phone No. (H):

(W):

Mobile:

**CLIENT CONSENT AND HEARING RECORD**

I consent to NT Hearing Services performing age appropriate assessments on an ongoing basis.

I give permission for my personal information about any of my assessments to be shared with other health care providers, government agencies and non-government organisations.

I understand I may withdraw consent at any time in writing.

Signature: \_\_\_\_\_ Date:        /        /

Parent/Guardian Name (if client is under 18 years): \_\_\_\_\_

The Department of Health respects your privacy and complies with the *Information Act* and the Information Privacy Principles (IPP's) contained therein.

**OFFICE USE ONLY**
**Client Demographics Updated:**

Date:        /        /20



# Parent/Legal Guardian/Student Consent Authority for Student Wellbeing and Inclusion Program and Services (SWIPS)

<b>Child/Student SURNAME:</b>		<b>Date of Birth</b> <small>Click here to enter a date.</small>	
<b>Child/Student GIVEN NAME:</b>		<b>Age</b>	<b>School year level:</b>
<b>School:</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-Specified	
<b>FAMILY DETAILS</b>			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> TF Case Manager Name		<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> TF Case Manager Name	
Home address <input type="checkbox"/> Primary Residence		Home address <input type="checkbox"/> Primary Residence	
Phone (business hours)	Mobile	Phone (business hours)	Mobile
Email		Email	
Interpreter required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please specify for whom and which language		<b>Please identify who is signing:</b> <b>Parent/Legal Guardian:</b> <input type="checkbox"/> <b>Mature Minor:</b> <input type="checkbox"/>
<b>The school should ensure that the student and parents, are supported to understand the role of Student Wellbeing and Inclusion Programs and Services (SWIPS) officers and to record agreement with actions as listed below.</b>			
<b>INFORMED CONSENT</b>			
The school has discussed with me the educational support requirements for my child, and I agree to work with the school to achieve positive learning outcomes for my child.			
I consent to the school sharing relevant personal information about my child with a SWIPS Officers. I understand that the name of this officer will be provided to me.			
I consent to the provision of services to my child by SWIPS, which may include assessment, counselling, observation, advice, in-class support, teaching strategies and ideas, and the development of a plan to meet the needs of my child.			
I consent to SWIPS obtaining medical and educational information from other agencies which is considered relevant to providing services to my child e.g., medical reports, hearing and vision assessments and any other relevant allied health or education reports.			
I agree that any information collected about my child will be accessed and collated as confidential information and placed on a secure electronic database accessible to SWIPS officers only.			
I consent to the use of the collected information about my child for the purposes of compiling a developmental learning profile.			
<b>Parent/ Caregiver Signature:</b>		<b>Date:</b>	
<b>Parent/ Caregiver Name:</b>			
<b>School Team Representative Name:</b>			
<b>School Team Representative Signature:</b>		<b>Date:</b>	
<b>MATURE MINORS – (School Counselling Only)</b> <b>Secondary students who are deemed mature minors i.e., have the capacity to give informed consent, may be able to self-refer without parental consent. Informed consent will be assessed by a SWIPS school counsellor and where a student is unable to give informed consent then parent consent must be sought.</b> <b>Best practice is to also obtain parent/caregiver consent.</b> .			
I understand that SWIPS School Counsellors provide a voluntary service which requires both my consent and willingness to participate in group/individual sessions. The notes of these confidential sessions are recorded and only accessible to other school counsellors and authorised SWIPS Client Service Officers where necessary.			

I understand that all DOE staff (including School Counsellors) are authorised information sharers and can share information with other authorised information sharers if it relates directly/indirectly to the safety/wellbeing of a student and/or to decision for an, assessment/plan, investigation or provision of a service or function.

**Student Signature:**

**Date:**

**SWIPS School Counsellor statement**

**I have taken into consideration the AASW 'working with child clients: consent, confidentiality and child centred practice' in making a professional determination that the student has the maturity and level of understanding to give informed consent without parental consent.**

**SWIPS School Counsellor Signature:**

**Date**