**OURIMBAH PUBLIC SCHOOL**

**To assist Ourimbah Public School in tracking future enrolments please indicate below details of younger siblings**

|  |  |  |  |
| --- | --- | --- | --- |
| **Given Name** | **Surname** | **Date of Birth** | **Male / Female** |
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**OURIMBAH PUBLIC SCHOOL**

**121 Pacific Highway**

**OURIMBAH 2258**

**Phone: 4362 1033**

**Fax: 4362 2531**

**Email:** [**ourimbah-p.school@det.nsw.edu.au**](mailto:ourimbah-p.school@det.nsw.edu.au)

**Excellence, Opportunity and Success Webpage:** [**www.ourimbah-p.schools.nsw.edu.au**](http://www.ourimbah-p.schools.nsw.edu.au)

**PERMISSION NOTE FOR SCHOOL ACTIVITIES WHILST AT OURIMBAH PUBLIC SCHOOL**

Whilst your child is a student at Ourimbah Public School, we seek your permission for him/her to participate in various educational programs. These programs do not have either cost or transport involved and has approval of the Principal.

Parents/Guardians must provide written permission for their child to participate in these programs. Written advice is also required if changes need to made in the future.

Please read the information below and return the signed permission slip to the office. If you have any questions please contact the office.

* **WALKING EXCURSIONS – SOHIER PARK / LOCAL COMMUNITY**

Our school curriculum involves some activities, including sport, which require our students to walk to different areas within our local community under adult supervision. Teachers will inform parents in writing prior to any excursion undertaken by their class.

* **RAP Trail and Frog Pond Incursions**

Our school curriculum involves some activities, including science, geography, art and sport, which require our students to walk to different areas of our school, including the school RAP trail and frog pond. The RAP trail is the beautiful rainforest path located at the back of our school. The frog pond is located adjacent to the school library.

* **ALLERGY AWARENESS**

Anaphylaxis is a potentially life threatening condition. It is severe and sometimes sudden allergic reaction occurs when a person is exposed to an allergen and requires immediate emergency medical intervention.

Ourimbah Public School has students who have been diagnosed with a tree nuts / peanuts / nuts / food allergy. While we cannot eliminate nut products in our school, we seek to minimise, under our duty of care to our students, potential exposure and reactions.

To support students with allergen needs, we are asking parents not to send any peanut or nut containing products (eg: peanut butter, Nutella, some muesli bars) to school with your child in lunch boxes or as snacks that will be eaten in the classroom or on school activities.

If your child has eaten tree nuts / peanuts / nuts before coming to school, please be sure your child’s hands and face have been thoroughly washed before entering the school. Ourimbah Public School students will be encouraged to follow safe guidelines to limit nut transference. They will be encouraged to wash hands after recess and lunch.

* **NITBUSTER DAYS**

Ourimbah Public School, in conjunction with the Ourimbah P&C Association, runs a Nitbuster Program on one day of each term (under the guidelines and health controls of the NSW Health Department).

Each class has an allotted time to come to the playground to be checked by a team of volunteer parents. The volunteer can quickly assess whether the child has contracted head lice or may still have some concerning eggs. In either case, a letter will be sent home indicating the outcome and suggested methods of eradication.

The program has been very successful in reducing outbreaks through the school by educating families to keep a regular weekly watch for head lice and in breaking down the barriers of a taboo subject by freely discussing the issue.

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**WALKING EXCURSIONS – SOHIER PARK / LOCAL COMMUNITY**

I give / do not give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take part in the following program **whilst attending** Ourimbah Public School.

❑ Walking / Sport excursions to Sohier Park / Local Community areas

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent/Caregiver)**

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**RAP Trail and Frog Pond Incursions**

I give / do not give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take part in the following program **whilst attending** Ourimbah Public School.

❑ Attending the school frog pond ❑ Attending the school RAP trail

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent/Caregiver)**

**-------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**Allergy Awareness**

❑ I have read and understand the information provided regarding tree nuts / peanuts / nut free procedures. I agree to do my part in Allergen Awareness safety at Ourimbah Public School.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent / Caregiver**

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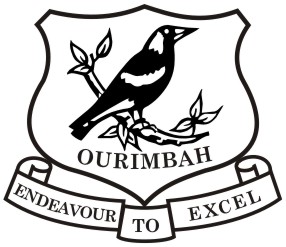
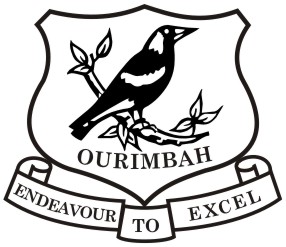
**Nitbuster program**

I give / do not give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the following program **whilst attending** Ourimbah Public School.

❑ Nitbuster program

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent / Caregiver)**



**Authority to Exchange Information**

**If you child visits any external agencies to support them in any way, it is very helpful for us to have an ‘Authority to Exchange’ form completed. It allows us to contact them and gain information on how to best assist your child in a smooth transition to school.**

I/We give permission for the School Counsellor, Principal or school delegate to exchange information with the Department of Education personnel and other agencies or specialist services in order to assist my/our child at school.

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/CAREGIVER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE TICK PERSONNEL FOR EXCHANGE OF INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Preschool |  | Pediatrician |
|  | Psychologist |  | Case Worker |
|  | Agency involved with child |  | Doctor |
|  | Social Worker |  | External Tutors |
|  | Hospital |  | Mental Health Services |
|  | Department of Communities & Justice |  | TASK |
|  | NDIS |  | Occupational Therapist |
|  | External Counsellor |  | Speech Therapist |
|  | Other (Please give details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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**STUDENT INFORMATION SHEET**

A black and white logo

Description automatically generated with medium confidence

Student’s Name: ........................................................ Class: ......................

Parent’s Name: .......................................................... Date: ........................

Dear Parents & Carers,

Please take some time to complete this information sheet and provide any other relevant information you think may help us to know your child better and assist in the learning process. Please note: this information will be treated as **strictly CONFIDENTIAL**.

Ourimbah PS Staff

What do you consider to be your child’s strengths? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any concerns about your child’s academic, social, emotional or personal development?

***Yes / No*** If yes, please describe your concern(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What area(s) would you like to see as a focus for your child’s learning this year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other relevant information (anxieties, sleep patterns, allergies, special learning needs and other medical information etc) that may impact upon your child’s learning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you.***