CHAPLAINCY PROGRAM

Parent/Carer Name/s: ______________________________________________________
Student Name (in full): __________________________________________________

This school community provides a chaplaincy program endorsed by the school’s Parents’ and Citizens’ Association and available on a voluntary basis to all students. The chaplain is involved in a range of activities which happen at this school which are free of religious, spiritual and/or ethical content. These activities, which include non-religious counselling and support are available to all students on a voluntary basis unless a parent or guardian requests in writing that this not to occur for their student.

Please tick one of the boxes below:

☐ I give my consent for my child to participate in these activities.
☐ I do not give my child consent to participate in these activities.

Chaplains may also be involved in activities with religious, spiritual and/or ethical content and additional consent is sought from parents/guardians for these special activities. These activities, which include religious and spiritual support, are available to all students on a voluntary basis if a parent or guardian has given written consent.

Please tick one of the boxes below:

My child as listed above
☐ has my consent to participate on a voluntary basis in activities within the program of chaplaincy services which have a religious, spiritual and ethical content. I understand that this content is inclusive of all such activities and remains operational unless I advise the school otherwise in writing.
☐ does not have my consent to participate on a voluntary basis in activities within the program of chaplaincy services which have a religious, spiritual and ethical content.

I understand that, where I agree that my child can participate in the chaplaincy program, this information will be passed on to the school chaplain.

Parent/Carer’s Signature: ____________________________ Date: ______________

PARENTS’ AND CITIZENS’ ASSOCIATION

The P&C Association is an integral part of our school and we are very proud of the role parents and citizens have played in shaping our school. We meet on the 3rd Monday of each month. Our meetings are a terrific way of finding out and having a say in what is happening in the school and what is planned. They are also a great way to meet new people with a common interest in the school community.

There are many ways in which you can become involved in the school. Please complete the section below detailing how you would like to support the school. If you have an area of expertise which isn’t mentioned please tell us about it in the Other section.

Name: ____________________________ Phone: ______________________

My skills are: ______________________________________________________

I would like to assist in:

☐ Tuckshop ☐ Resource Centre ☐ Fundraising
☐ Classroom Activities ☐ Interschool Sport ☐ Working Bees
☐ Other (please specify) ______________________________________________

My family wishes to participate in raffles/drives etc. ☐ YES ☐ NO
SMART CLASSROOMS POLICY

Information and Communication Technologies (ICTs) are vital tools for teaching and learning in the 21st Century. The Kuluin School is at the forefront of providing opportunities for our students to enhance their learning outcomes by using various ICT resources. These resources include items such as computers, printers, local area networks, digital still and video cameras, webcams, scanners and the Internet.

Students using these ICT resources should ensure they are always being used in an efficient, effective and appropriate manner. In short, for *educational purposes only*.

In particular students should:

- Use local area networks and the Internet for purposes that are legal and acceptable under Education Queensland’s Education Policy and Procedures Register (*ICT-PR-004: Using the Department’s Corporate ICT Network*).
- Follow security restrictions for all systems and information including maintaining the security of their username and password;
- Respect and adhere to the laws concerning copyright and other intellectual property rights;
- Respect others’ rights to freedom from harassment and intimidation;
- Respect the privacy and integrity of electronic information;
- Use and share ICT resources courteously and efficiently.

**Student Agreement (Yr 4-7 only):**

I understand that local area networks and the Internet can connect me to various forms of information. While I have access to these resources:

1) I will use them only for educational purposes.

2) I will not look for anything that is illegal, dangerous or offensive.

3) If I accidentally come across something that is illegal, dangerous or offensive, I will:
   - (a) clear any offensive pictures or information from my screen; and
   - (b) immediately, quietly, inform my teacher.

4) I will not reveal my username, password, full name, home address, phone number or any other personal information about myself or others in any form of online communications.

5) I will not use these resources to annoy or offend anyone else.

6) I understand that if the school decides I have not followed these guidelines, consequences will follow. This may include the loss of my network access for a predetermined period of time.

________________________    _______________________    ______________
Student’s Name                 Student’s Signature       Date

**Student Agreement (P-7) Parent/Caregiver Permission:**

I understand that local area networks and the Internet can provide students with valuable learning experiences.

I also understand that it gives access to information on computers around the world that the school cannot control and this information can be illegal, dangerous or offensive.

I accept that, while teachers will always exercise their duty of care, protection against exposure to harmful information depends upon responsible use by students.

I believe _______________________________ (Name of student) understands this responsibility, and I hereby give my permission for him/her to access the Internet under the school’s guidelines. I understand that students who fail to follow these guidelines will be subject to appropriate action by the school. This may include loss of network access for a predetermined period of time.

________________________    _______________________    ______________
Parent/Caregiver’s Name         Parent/Caregiver’s Signature                                  Date