



ROSEMONT
SCHOOL

Student name: _____ Current year: _____

1. Internet Acceptable Usage Policy (available on school website; dated Feb 2017)

As a student I have read, understand and will abide by this AUP. I accept that my role is to use the computer system, the internet and Virtual Learning Environment in a responsible way and I will follow the policies laid out in this document. I understand that any violation of this AUP may result in not being able to use my mobile device in school, and could mean other disciplinary action.

Student signature: _____ Date: _____

Parent/Guardian

As the parent or legal guardian of the above student, I have read the Acceptable Use Policy and grant permission for my daughter or the child in my care to access e-Learning facilities such as the internet and Virtual Learning Environment. I understand that that the school will take all reasonable precautions to ensure that students cannot access inappropriate materials. I understand that the school cannot be held responsible for the nature or content of materials accessed through the internet. I agree that the school is not liable for any damages arising from the use of the e-Learning facilities.

I accept the above paragraph I do not accept the above paragraph

(Please tick as appropriate)

Signature: _____ Date: _____

Please print name: _____

2. Rosemont School Code of Behaviour (available on school website, dated June 2017)

I have read the Code of Behaviour and I agree to abide by their terms and to support the school in upholding the standards set out in these documents.

I agree to accept the Code of Behaviour:

Signed _____ Student Date _____

Signed _____ Parent/Guardian Date _____

3. Parent/ guardian consent for publication of work and photographs

I agree that, if selected, work by my daughter or the child in my care may be published on the school's website or other media formats (web, magazine, flyers, newsletters, videos, DVDs etc.). I also agree that photographs that include my daughter or child in my care may be published subject to the school rules that photographs will not clearly identify individuals and that full names will never be used. In the case where an individual student's first name is to be used with their photograph, the school will seek permission directly from the parents/guardian in advance.

I accept the above paragraph

I do not accept the above paragraph

(Please tick as appropriate)

Signature: _____ Date: _____

4. Medical Conditions Information

Student Name: _____

Student Address: _____

Allergies, if any (reaction and recommended response): _____

Illnesses, if any: _____

Medication currently being taken: _____

Any other information that might be of benefit to the school: _____

Emergency Contact Details:

(1) Name: _____

(2) Name: _____

Relationship to student: _____

Relationship to student: _____

Home No.: _____

Home No.: _____

Work No.: _____

Work No.: _____

Mobile No.: _____

Mobile No.: _____

I confirm that my daughter will bring any necessary medication with her

Signed: _____

Date: _____