

KindiLink registration form

KindiLink	Date of registration	DD/MM/YY
School		

Child's details

Child's name (first and surname)				
Preferred name (if different)				
Date of birth and	Date of Birth: DD/MM/YY	Gender	Male	Female
other details		Birth certificate sighted?	Yes	No
		Vaccination certificate sighted?	Yes	No
Address				
Main language spoken at home				

Family details

Parent names	
Best contact number	
Other guardian names	
Emergency contact name & number	
Sibling names and ages (younger)	
Sibling names (older) and school	

Additional information

Aboriginal/TSI/Other?	Aboriginal / Torres Strait Islander / Other (please specify)		
Is there any information about behaviour, special needs or support that you think we should know?	Yes	No	If yes please provide details.
Does your child have any medical conditions? For example with ears, eyes)	Yes	No	If yes please provide details.
Does your child have any allergies?	Yes	No	If yes please provide details.
Are there any court or access orders in place?	Yes	No	If yes please provide details.

Consent

You can alter consent at any time by contacting your KindiLink staff.

Has the school media consent form been completed?			Yes	No	
Any additional information of included here	can be				
Parent/Guardian name and signature	Name:		Signatu	re:	
Date:					

Media Permission

Your permission is sought for the school to publish video or photographic images of your child and/or samples of your child's school work to be used by the school and the Department of Education. The purpose of using the images or work will be activities to promote KindiLink,

Your child's image and/or school work may be published for the above purpose in a range of formats such as hardcopy and digital, including audio and video file formats, and published to KindiLink Connect groups, KPS Facebook page and promotional posters for KindiLink.

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 first name may be published along with images.

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

Annalyn Navarrete 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.

Signature of Parent: Date:
