

Multilingual School Notices (Full Set)

English

List of Notices

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(School letterhead/logo)

(Date)

Dear Parents/Guardians,

There are many ways in which you can engage with your child’s school. The school will provide information about ways in which you can assist and participate in your child’s education. You may also be invited to participate in aspects of the school’s programs.

Throughout the year you will be invited to participate by attending meetings, events or other functions organised by the school. Some meetings will be held to provide information about the curriculum which is taught and others will be held to discuss the progress of your child.

You may also participate in school activities through being elected to School Council, becoming a member of a committee or helping to organise general school activities.

If you would like any information about Parent Clubs or School Council please contact the school.

Please contact your child’s teacher, the Principal or other members of staff if you wish to discuss any matter relating to your child or the school.

Signed.....

Date.....

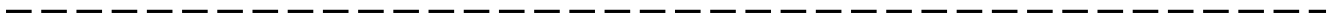
(School letterhead/logo)

Dear Parents/Guardians,

On (date), you are invited to come to the school and meet with (name of teacher/s) to discuss your child's progress and the school's programs. This meeting is called a parent-teacher interview. It provides an opportunity for you to discuss issues, provide information or ask questions about your child's education. As education involves cooperation between parents, teachers and students, your interest and participation in this meeting is important. We look forward to meeting with you.

Signed.....

Date.....



Please COMPLETE, DETACH and RETURN this section of the form by (date)

Parent's/Guardian's name:.....

Student's name:..... Year Level:

Please indicate the most suitable time for an interview by placing a tick in the appropriate box.

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

An interpreter is required in (language)

Signed.....(parent/guardian)

Date

(School letterhead/logo)

Dear Parents/Guardians,

You are invited to attend a school event. This will be a great opportunity for you to get to know the school better and meet with teachers and other parents.

- an information evening for parents/guardians of students in
- an information session to discuss a school camp
- end of term/year function
- school swimming/sports carnival
- morning tea for parents/guardians
- a special event for
- other

It will be held at (location)

On (date) at(time)

- an interpreter will be available**
- an interpreter will not be available**

We hope you can attend and look forward to seeing you.

Signed.....

Date.....

Please COMPLETE, DETACH and RETURN this part of the form by (date)

I will/ will not be able to attend. My child's name is

I will need an interpreter **if available**

An interpreter is required in.....

Signed Date

(School letterhead/logo)

(Date)

Dear Parents/Guardians,

We are pleased that (student's name) will be attending our school next year. You are invited to come to the school before the year commences, to meet and talk with your child's teacher(s). We will be happy to discuss with you any matter relating to your child and the school's activities as well as the ways you and the school staff can work together to ensure a successful and enjoyable start to schooling for your child.

It would be appreciated if you could be at the school at(time)

on.....(date)

Please bring your child with you. Other family members and children are welcome.

Signed.....

Date

Please COMPLETE, DETACH and RETURN this part of the form by(date)

Parent's/ Guardian's Name:

Student's Name:

able

I am to come to the school on..... (date) at..... (time)

unable

An interpreter is required in: (language)

Signed.....(parent/guardian)

Date

(School letterhead/logo)

(Date)

Title of excursion:

Destination of excursion:

Date(s) of excursion:

Departure and return times:

Students will travel by: bus train tram walk

Staff members and supervision:

Cost:

Lunch:

- Your child should bring lunch and a drink in unbreakable containers.
- Lunch can be bought during the excursion for \$.....
- The cost of lunch is included in the cost of the excursion.

Clothing and equipment needed:

Name of excursion emergency contact person and contact details:

Other:

If you have any queries or concerns, please contact

on (phone number).

Parent consent:

I give permission for my daughter/son (full name)

to attend

Parent/Guardian(full name)

.....(signature)

..... (date)

In case of emergency I can be contacted on:

.....OR.....

CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner
- administer such first aid as the teacher-in-charge may judge to be reasonably necessary.

Signature:(parent/guardian)

Date:

(School letterhead/logo)

(Date)

Dear Parents/Guardians,

School finishes on (day) (date)

at (time) for the term/end of year holidays.

School will recommence on(day).....(date) at..... a.m.(time)

Signed.....

Date.....

(School letterhead/logo)

(Date)

Dear Parents/Guardians,

There will be no school on(day)..... (date)

Please do not send your child/children to school on this day.

The reason is:

Student-free Day
(Curriculum Day for teachers only)

Public Holiday

Other

Signed.....

Date

(School letterhead/logo)

(Date)

Dear Parents/Guardians,

Travel concession cards enable students to travel on public transport at a reduced concession rate.

Students who are enrolled at a school are eligible for concession cards. To apply for a Student Travel Concession Card parents must complete an application form, which is available through the school or at railway stations, and include two colour passport size photographs of their child. The completed application form and photographs must be stamped by the school and lodged at a railway station.

Concession cards can be used seven days a week. Please be aware however that it is required by law that passengers must have a valid Public Transport Victorian (PTV) Student Travel Concession Card at all times when travelling with a concession fare ticket on board all public transport. Fines may apply if a valid Student Travel Concession Card cannot be produced on request.

If students lose their card they must pay a \$ replacement fee.

Signed

Date

If you would like further information or have any queries regarding public transport services Public Transport Victoria offers a telephone interpreter line.

(School letterhead/logo)

(Date)

Dear Parents/Guardians,

Your child,, (name) has completed his/her English Language Course and is ready to join a mainstream school class. He/she will be attending:

SCHOOL:.....

.....

ADDRESS:.....

CONTACT

PERSON:.....

PHONE:.....

If you have any questions you may contact the English Language School/Centre:

..... (Contact person)

on (phone)

Signed

Date.....

(School letterhead/logo)

(Date)

Dear Parents/Guardians,

The school must be informed if your child has a long term medical condition, (for example, asthma, diabetes, epilepsy, allergies, anaphylaxis, thalassaemia, haemophilia, or a heart condition) which may affect him/her while he/she is at school. A student health support plan or individual anaphylaxis management plan will be developed in consultation with you and your child, so that reasonable adjustments can be made to ensure your child’s condition and schooling are both supported. All information will be held in confidence.

All medicines must be handed to the teacher, unless you have made other arrangements as part of the health support plan. For example, asthma medication is usually carried by the student.

Analgesics to alleviate pain can only be given with the permission of parents/guardians.

If your child has a medical condition, please telephone..... (name)

on..... (phone) to make an appointment.

Signed

Date

(School letterhead/logo)

(Date)

Dear Parents/Guardians,

Students are required to present an immunisation status certificate when enrolling for the first time in a Victorian primary school. Students transferring between schools are also required to present immunisation status certificates.

The certificate states whether the student has been immunised against diphtheria, tetanus, polio, measles, mumps, rubella, varicella (chickenpox), hepatitis B, meningococcus, pertussis (whooping cough), pneumococcus, rotavirus, and haemophilus influenza type B.

Certificates can be obtained from the Australian Childhood Immunisation Register by phoning 1800 653 809, via: www.medicareaustralia.gov.au/online or by visiting your local Medicare Office.

If your child is not eligible for a Medicare card, then contact your doctor or local council immunisation service who will be able to assist you in obtaining an immunisation status certificate.

Vaccinations can be obtained through local municipal councils, maternal and child health centres and local doctors.

Students who are not immunised can still attend school. If an outbreak of an infectious disease occurs at the school they will be sent home until the danger has passed.

If your child has been immunised, please make sure that you have the immunisation certificate with you when you come to school to enrol your child.

Signed

Date

(School letterhead/logo)

(Date)

Dear Parents/Guardians,

Schools receive money from the Department of Education and Training to provide school programs but it is expected that parents will either provide themselves, or pay the school to provide, essential education items such as text books, stationery items, excursions, camps and higher cost curriculum materials for some practical subjects where students take home the finished article.

For this year parents are asked to contribute \$..... for these items.

In addition to the above items, school councils usually ask parents to make a voluntary contribution to assist with school fund raising.

For this year parents are asked to donate \$ This payment is voluntary.

The school can provide advice about financial support available to parents. Please contact the school if you would like to discuss alternative payment options. Please note that Department of Education and Training policy requires that students are not treated differently, denied access to the standard curriculum program, refused instruction or disadvantaged on the basis of payments not being made for education items, services or voluntary contributions.

Signed

Date

(School letterhead/logo)

(Date)

Dear Parents/Guardians,

We are concerned that (student's name) in Year has been absent from school on (day/s and date/s) and (day/s and date/s)

Please indicate the reason for his/her absence/s on the return slip below and send it to the school as soon as possible.

If your son/daughter was absent from school without your permission, could you please contact the school to discuss the matter further.

Signed..... Date.....

Please COMPLETE, DETACH and RETURN this form as soon as possible.

My son/daughter (student's name) was absent from school on (day/s and date/s)

for the following reason/s:

- illness doctor's appointment dental appointment
- family business absent **without** my permission
- any other reason (give details)

Signed (Parent/Guardian)

Date.....

(School letterhead/logo)

(Date)

Dear Parents/Guardians,

The school swimming program will be held at..... (venue)

..... (address)

on..... (dates) between(times)

The school swimming program is for all students.

Students are accompanied and supervised by their teachers and are taught in small groups by a trained swimming teacher.

Please advise your daughter's/son's teacher of any circumstances of which the school should be aware, eg. a medical condition.

Students will need to bring the following to each session:

- bathers towel
- bathing cap (if desired) goggles (if desired)
- comfortable clothing e.g. tracksuit

The swimming program will cost \$..... per session. (Total cost \$)

.....Signed

Please COMPLETE, DETACH and RETURN this form by..... (date)

I give/do not give permission for (student's name) in Year,
to participate in the school swimming program.

I wish to pay \$ per session.

OR

I wish to pay for the complete swimming program. Enclosed is \$

Please contact the school if you would like to discuss alternative payment options.

Signed (Parent/Guardian)

Date

(School letterhead/logo)

(Date)

Dear

I would like to invite you to:

- a meeting to discuss your child’s progress
- a meeting to discuss your child’s school report
- a meeting to discuss your child’s absence from school

Please come to the school on.....(day and date) at..... (time)
to see.....

If required an interpreter will be provided for this meeting.

We hope you can attend. Please contact the school on (phone) if you cannot make this time and would like to arrange an alternative meeting time.

Signed..... Date.....

Please COMPLETE, DETACH and RETURN this part of the form by (date)

I will/ will not be able to attend. My child’s name is

I will need an interpreter **if available** An interpreter will not be required

An interpreter is required in.....

Signed

Date

Students should bring along to the camp the items that are ticked below. All items must be marked with the student's name.

1. SLEEPING

- | | | |
|---------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> blanket | <input type="checkbox"/> sleeping bag | <input type="checkbox"/> slippers |
| <input type="checkbox"/> small pillow | <input type="checkbox"/> pyjamas | <input type="checkbox"/> air bed |
| <input type="checkbox"/> sleeping mat | | |

2. DAY WEAR

- | | | |
|---|---|--|
| <input type="checkbox"/> jeans/long trousers | <input type="checkbox"/> sun hat | <input type="checkbox"/> warm hat |
| <input type="checkbox"/> shorts | <input type="checkbox"/> scarf | <input type="checkbox"/> rain hat |
| <input type="checkbox"/> shirts | <input type="checkbox"/> socks | <input type="checkbox"/> gloves or mittens |
| <input type="checkbox"/> changes of underwear | <input type="checkbox"/> warm jumper | <input type="checkbox"/> woollen jumper |
| <input type="checkbox"/> long sleeved warm shirts or thermal tops | | <input type="checkbox"/> thermal underwear |
| <input type="checkbox"/> parka or raincoat | <input type="checkbox"/> sneakers/runners | <input type="checkbox"/> gumboots |
| <input type="checkbox"/> walking shoes | <input type="checkbox"/> sandals | <input type="checkbox"/> thongs |
| <input type="checkbox"/> bathers | | |

3. PERSONAL ITEMS

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> towel | <input type="checkbox"/> sunscreen | <input type="checkbox"/> comb |
| <input type="checkbox"/> insect repellent | <input type="checkbox"/> tissues or handkerchief | |
| <input type="checkbox"/> hair shampoo | <input type="checkbox"/> soap | <input type="checkbox"/> water bottle |
| <input type="checkbox"/> personal medical requirements | | |

4. EATING

- | | | |
|---|------------------------------------|----------------------------------|
| <input type="checkbox"/> plate | <input type="checkbox"/> bowl | <input type="checkbox"/> cup/mug |
| <input type="checkbox"/> knife/fork/spoon | <input type="checkbox"/> tea towel | |

5. OTHER

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> exercise book/ note book | <input type="checkbox"/> pen and pencils | <input type="checkbox"/> camera |
| <input type="checkbox"/> plastic bag for laundry | <input type="checkbox"/> torch and batteries | |
| <input type="checkbox"/> stamped addressed envelope | | |

6. SPENDING MONEY: No more than \$.....

(School letterhead/logo)

(Date)

This is important information for you about your child’s school.

Parents/guardians need to bring children to school and collect children from school at the correct times.

Class Times

Classes begin atam and classes finish atpm.

Supervision of children by teachers before and after the above class times

Morning

There are teachers at the school in the morning to look after your child/children fromam until class begins. The school cannot provide supervision of children before this time. Please do not bring your child to school before this time.

Afternoon

There are teachers at the school at the end of the school day to look after your child/children untilpm. Please collect your child beforepm. It is the responsibility of parents/guardians to collect their children from school by this time. The school cannot provide supervision of children after this time.

Before and after school care program

Our school has a before/after school care program:

This program operates fromam toam in the morning and frompm topm in the afternoon, on school days.

If your child/children need supervision outside of school hours and you would like to enquire about the before/after school care program, please contact

.....on (telephone) to arrange a place in this program.

Our school does not have a before/after school care program:

Please note that the school does not have a before/after school care program. It is the responsibility of parents/guardians to make appropriate child care arrangements if their child needs supervision outside of school supervision times.

Signed.....

Date.....

(for excursions requiring transport in a privately owned vehicle with principal approval and not requiring school council approval)

(School letterhead/logo)

(Date)

Title of excursion:

Destination of excursion:

Date(s) of excursion:

Departure and return times:

**Students will travel in a privately owned vehicle driven by
who is a member of the supervisory staff.**

Staff members and supervision:

Cost: \$.....

Lunch:

- Your child should bring lunch and a drink in unbreakable containers.
- Lunch can be bought during excursion \$.....
- Cost of lunch is covered in the cost of the excursion.

Clothing and equipment needed:

.....
.....

Name of excursion emergency contact person and contact details:

.....

Other:

If you have any queries or concerns, please contact:

on (phone number).

(for excursions requiring transport in a privately owned vehicle with principal approval and not requiring school council approval)

Parent consent:

I give permission for my daughter/son..... (full name)
to attend.

Parent/Guardian..... (full name)

.....(signature)

.....(date)

In case of emergency I can be contacted on:

.....OR.....

CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner
- administer such first aid as the teacher-in-charge may judge to be reasonably necessary.

Signature: (parent/guardian)

Date:.....

(for excursions requiring transport in a privately owned vehicle with principal approval and not requiring school council approval)

Confidential Medical Information for School Council Approved Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. The medical information on this form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education and Training is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

Excursion/program name:

Date(s):

Student's full name:

Student's address:

Postcode:

Date of birth: **Year level:**

Parent/guardian's full name:

Emergency telephone numbers: *After hours* *Business hours*

Name of person to contact in an emergency (if different from the parent/guardian):
.....

Emergency telephone numbers: *After hours* *Business hours*

Name of family doctor:

Address of family doctor:

Phone number:

Medicare number:

Medical/hospital insurance fund:

Member number:

Ambulance subscriber? Yes No If yes, ambulance number:

Is this the first time your child has been away from home? Yes No

Please tick if your child suffers any of the following:

- Asthma (if ticked complete Asthma Management Plan)
- Anaphylaxis (if ticked review and update the Individual Management Plan for the camp or excursion)
- Bed wetting Blackouts Diabetes Dizzy spells Migraine
- Heart condition Sleepwalking Travel sickness Fits of any type
- Other:

Swimming ability (Please tick the distance your child can swim comfortably)

- Cannot swim (0m) Weak swimmer (<50m) Fair swimmer (50-100m)
- Competent swimmer (100-200m) Strong (200m+)

Allergies (Please tick if your child is allergic to any of the following)

- Penicillin Other Drugs:
- Foods:
- Other allergies:

What special care is recommended for these allergies?

Year of last tetanus immunisation:

Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT)

Medication

Is your child taking any medicine(s)? Yes No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

.....
.....

All medication must be given to the teacher-in-charge. All containers must be labelled with your child’s name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

Medical consent

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Signature of parent/guardian (named above)

Date:

The Department of Education and Training requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

Note: You should receive detailed information about the excursion/program prior to your child’s participation and a Parent Consent form. If you have further questions, contact the school before the program starts.