



WYNNUM WEST STATE SCHOOL

ABN 15 753 627 273

2036 Wynnum Road, Wynnum West Q 4178

PO Box 9035, Wynnum Plaza Q 4178

Phone: 3893 6888 | Fax: 3893 6800

Email: admin@wynnumwestss.eq.edu.au



'Inspiring Young Minds for Success'

Wynnum West State School Permissions

Please complete and sign all forms attached and return to the school office with the enrolment paperwork.

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Enrolment Agreement

To complete your enrolment, you will need to produce evidence / documents to support your child's birth date and legal name. Without proof of birth, we are unable to process your enrolment and your child will be unable to enrol at Wynnum West State School.

This is in accordance with Education Queensland's enrolment policy.

If your child is enrolling and has attended another Queensland State School, you will still need to produce documents that state the child's name and date of birth.

If you are unable to produce a Birth Certificate, you may provide one of the following documents in the interim.

- Passport
- Letter from Centrelink stating your child's name and date of birth and whether they have sighted an original Birth Certificate. *Please note that a Statutory Declaration may need to be signed to accompany the above documents.*

You are still required to provide an original Birth Certificate to the school within 6 weeks of enrolling your child. These documents are accepted by Education Queensland as proof of birth date.

Please sign this form as proof of your understanding of enrolment.

Student Name: _____

Year Level Enrolling: _____

Parent Name: _____

Parent Signature: _____

Date: ____ / ____ / ____

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Behaviour Agreement

I accept the rules and regulations of Wynnum West State School as stated in the school policies that have been provided to me as follows:

- Responsible behaviour plan for students
- Student dress code
- School charges and voluntary contributions
- Student usage of internet and intranet
- Absences
- School Excursions
- Parent notice regarding religious instruction during school hours
- Consent to use copyright material, image, recording or name
- Appropriate use of mobile telephones and other electronic equipment by students

I acknowledge that information about the school's current programs and services has been explained to me.

Parent Name: _____

Parent Signature: _____

Date: ____ / ____ / ____

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Uniform Policy Agreement

I accept the Uniform Policy of Wynnum West State School as stated below.

- School Polo Shirt
- School or Maroon Sun safe hat (bucket or wide brimmed only)
- Black or white lace up joggers or school shoes
- Plain white or grey ankle length socks (visible above the shoes)
- Maroon or grey coloured shorts for boys
- Maroon skirt or shorts for girls
- Maroon jumper
- Appropriate hair styles and long hair tied back off the face.
- Sleepers or plain studs, Medi-alert bracelets and watches (no spacers or other piercings allowed)

I agree to abide by the above mentioned dress standards.

Student Name: _____

Parent Name: _____

Parent Signature: _____

Date: ____ / ____ / ____

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Sunscreen Permission Form

Dear Parents and Caregivers,

We are now able to apply 30+ sunscreen to all students as per the Anti-Cancer Councils approval with Education Queensland.

We require you to sign the form below to enable our teachers to apply the sunscreen. Without your permission, we are **unable** to apply sunscreen.

I _____ parent / caregiver of _____

in class _____, give my permission for the teacher to apply 30+ sunscreen.

Parent Signature: _____

Date: ____ / ____ / ____

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Swimming Permission Form

Dear Parents and Caregivers,

Wynnum West State School swimming program operate during Terms 1 and 4. As swimming is a normal part of the school curriculum, it is expected that all students will attend. In the event of illness where a child cannot swim, please provide a short note to the class teacher. All children will attend the pool whether they are swimming or not. Please complete the permission form below and return it to the class teacher. Parents, please note that all students are required to wear a swimming cap for all lessons and we would also encourage the wearing of a protective shirt.

The following information is recorded on your child's file.

Please indicate with an **X** if your child suffers from any of the following diseases:

Asthma	Epilepsy	Heart Condition
Diabetes	Skin Disorders	Muscular Pains
Plantar Warts	Eye Irritations	
Other: _____		

Children with colds, ear infections or open wounds, will not be allowed to attend swimming lessons. Jewellery, including earrings, is not permitted while swimming.

I give permission for my child _____ in class _____
to attend swimming lessons with the school.

Parent Name: _____

Parent Signature: _____

Date: ____ / ____ / ____

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Religious Instruction Permission Form

Dear Parents and Caregivers,

We offer the opportunity for students to attend a weekly ecumenical program. The program supports the students understanding of general religious studies. It is not denomination specific and is run by accredited volunteers.

If you wish for your child to attend a religious instruction class, please complete the form below. If you do not wish for your child to attend, please circle **Do Not Wish**.

Please circle the appropriate response.

I **wish / do not wish** for my child to attend the religious instruction program.

Student Name: _____

Class: _____

Parent Name: _____

Parent Signature: _____

Date: ____ / ____ / ____

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Internet Use Permission Form

Students:

I understand that the Internet can connect me to much useful information stored on computers around the world.

While I have access to the Internet, I will:

- Only use it for educational purposes
- Not look for anything that is illegal, dangerous or offensive
- If I come across anything illegal, dangerous or offensive I will
 - Clear any offensive pictures or information from my screen
 - **Immediately** and quietly inform my teacher
- Not reveal an credit card or bank details
- Not reveal home addresses or phone numbers – mine or anyone else's
- Not use the Internet to annoy or offend anyone

I understand that if the school decides I have broken these rules, appropriate action will be taken. This may include loss of my Internet access for some time.

Student Name: _____

Student Signature: _____

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Parents and Guardians:

I understand that 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 what is on these computers and that a very small part of that 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 should depend finally upon responsible use by students.

I believe that my child, _____ understands this responsibility, and I hereby give permission for my child to access the Internet under the school rules.

I understand that students who break these rules will be subject to appropriate action by the school. This may include loss of Internet access for some time.

Parent Name: _____

Parent Signature: _____

Date: ____ / ____ / ____

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