

**MASTER SET
OF
23 NUMBERED MULTILINGUAL SCHOOL NOTICES
IN
ENGLISH**

INDEX OF MULTILINGUAL SCHOOL NOTICES

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NOTICE TO PARENTS

INFORMATION REGARDING PARENT PARTICIPATION

School:

Phone:

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Dear Parents/Guardians,

Throughout the year you will be invited to participate in many aspects of the school's programs.

Parents may 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 individual students and their reports.

Parents 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.

Parents can expect to receive notices about ways in which they can assist and participate in their child's education.

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

NOTICE TO PARENTS

FOR PARTICIPATION IN PARENT-TEACHER MEETING

School:

Phone:

--	--

Dear Parents/Guardians,

On, you are invited to come to the school and meet with
(Date)

the teachers to discuss your child's progress and the school's programs. As education involves cooperation between parents, teachers and students, your interest and participation in this meeting is important.

Signed

Date

----- ✂ -----

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

Parent'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

NOTICE TO PARENTS

SPECIAL EVENT

School:

Phone:

--	--

Dear Parents/Guardians,

On, we will be having a special day/activity at school. The aim is to give you an opportunity to get to know the school better. It will also be an occasion to meet with teachers and other parents.

The program/activity will be as follows:

.....

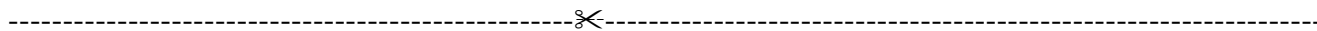
.....

.....

.....

Signed

Date



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

Parent's Name:

Student's Name: Year Level:

I am able to come to the school's special day on at
(Date) (Time)

unable

An interpreter is required in:
(Language)

Signed
(Parent/Guardian)

Date

NOTICE TO PARENTS

PREP INTAKE

School:

Phone:

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Dear Parents/Guardians,

We are pleased that will be attending
(Child's name)

our school next year. You are invited to come to the school before the year commences, to meet and talk with the 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 parents and teachers can 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 children are welcome.

Signed
Date

-----<-----
Please COMPLETE, DETACH and RETURN this part of the form by
(Date)

Parent's Name:

Student's Name: Year Level:

I am able to come to the school on at
(Date) (Time)

unable

An interpreter is required in:
(Language)

Signed
(Parent/Guardian)

Date

NOTICE TO PARENTS

DAY EXCURSION

School:

Phone:

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Dear Parents/Guardians,

On your child's class will be going to
(Date)

.....
This is an important part of your child's education so it is important that your child attends.

FURTHER EXPLANATION OF EXCURSION:

.....

TIME: Students will leave school atand return at

TRAVEL: Students will travel by: bus train tram walk

Students will need to bring:

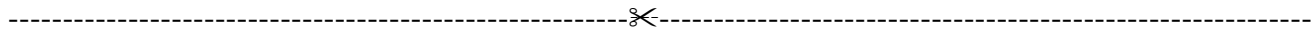
COST: No money is required Money is required \$

LUNCH: Cut lunch and a drink in unbreakable containers
 Lunch can be bought during excursion. \$
 Barbecue lunch. Bring
 Cost of lunch covered in excursion cost

EXTRA CLOTHING REQUIREMENTS:

- Bathers, towel
- Waterproof clothing
- Warm clothing
- Comfortable walking shoes

Signed Date



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

..... (Date)
I give/do not give permission for to attend the excursion on
(Student's name)

.....
(Date)

My contact telephone number on the day of the excursion is
(Contact telephone number)

Signed Date.....
(Parent or Guardian)

NOTICE TO PARENTS

PARENT-TEACHER MEETING REGARDING SCHOOL CAMPS

School:

Phone:

--	--

Dear Parents/Guardians,

On at, you are invited to meet the
 (Date) (Time)
 teachers to discuss the students' camp to be held on
 (Date)

Signed

Date

----- ✂ -----
 Please COMPLETE, DETATCH and RETURN this part of the form by
 (Date)

Parent's Name:

Student's Name: Year Level:

(Tick ✓ appropriate box)

able

I am to attend the Parent-teacher meeting regarding the camp on

unable

(Date)

An interpreter is required in:
 (Language)

Signed

(Parent or Guardian)

Date

NOTICE TO PARENTS

SCHOOL CAMP

School:

Phone:

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Dear Parents,

A camp has been organised as a valuable part of the school program. It is important that all students attend. The camp will be held at:

.....
 (Name and location and type of camp)

DATES & TIME: Students will leave school on at
 (Date) (Time)
 and will return to school on at
 (Date) (Time)

COST: \$

REQUIREMENTS: See attached list.

TRAVEL: Students will travel by: Bus Train
 Plane Other

SUPERVISION: Teachers will supervise students at all times.

MEDICINES: All medicines must be handed to the teacher in charge prior to leaving for the camp and should be clearly marked with your child's name, the correct dosage and the time it is to be given. The name of the medication should be clearly marked on the container.

PLEASE DO NOT ALLOW YOUR CHILD TO BE IN CHARGE OF ANY MEDICATION WHILE ON THE SCHOOL CAMP, except in the case of asthma medication, where parents should inform the teacher in charge and ensure that their child has an adequate supply of the appropriate medication.

You may contact the school if further information is required.

Signed
 (Parent or Guardian)
 Date

SCHOOL CAMPLIST OF ITEMS REQUIRED ON A CAMP

Students should bring along to the camp the items that are ticked **R** 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"/> Small pillow | <input type="checkbox"/> Pyjamas |
| <input type="checkbox"/> Air-bed | <input type="checkbox"/> Slippers |

2. DAY WEAR

- | | |
|--|--|
| <input type="checkbox"/> Jeans/long trousers | <input type="checkbox"/> Sun hat |
| <input type="checkbox"/> Shorts | <input type="checkbox"/> Warm hat |
| <input type="checkbox"/> Shirts | <input type="checkbox"/> Rain hat |
| <input type="checkbox"/> Jumpers | <input type="checkbox"/> Scarf |
| <input type="checkbox"/> Underwear | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Socks | <input type="checkbox"/> Gumboots |
| <input type="checkbox"/> Parka or raincoat | <input type="checkbox"/> Walking shoes |
| <input type="checkbox"/> Bathers and towel | <input type="checkbox"/> Sandals |

3. PERSONAL ITEMS

- Towel
- Toothbrush and toothpaste
- Comb
- Tissues or handkerchiefs
- Hair shampoo
- Soap

4. EATING

- Plate
- Bowl
- Cup/mug
- Knife/fork/spoon
- Tea towel

5. OTHER

- | | |
|---|--|
| <input type="checkbox"/> Exercise book | <input type="checkbox"/> Plastic bag for laundry |
| <input type="checkbox"/> Pen and pencils | <input type="checkbox"/> Camera |
| <input type="checkbox"/> Stamped addressed envelope | <input type="checkbox"/> Torch and batteries |

6. SPENDING MONEY: no more than \$

NOTICE TO PARENTS

PERMISSION TO ATTEND SCHOOL CAMP

School:

Phone:

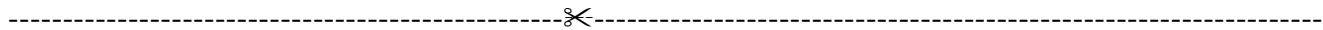
--	--

Dear Parents/Guardians

Please read, complete and return this form by
(Date)

Signed

Date



I have read the attached information regarding the School Camp:

.....
(Name and location of camp)

from until
(Date) (Date)

I give/do not give permission for my child to attend.
(Child's full name)

Signed
(Parent/Guardian's signature)

Date

NOTICE TO PARENTS

END OF TERM

School:

Phone:

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Dear Parents/Guardians,

School finishes on
(Day) (Date)

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

School will recommence on at a.m.
(Day) (Date) (Time)

Signed

Date

NOTICE TO PARENTS

NO SCHOOL

School:

Phone:

--	--

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:

Curriculum Day

Public Holiday

Other
.....

Signed

Date

NOTICE TO PARENTS

EDUCATION MAINTENANCE ALLOWANCE

School:

Phone:

--	--

Dear Parents/Guardians,

If you have a Health Care Card or a Pensioner Concession Card you may be eligible to receive the Education Maintenance Allowance (EMA).

To be eligible the parents of students under sixteen years must hold one of these cards on the first days of Terms 1 and 3.

The allowance is paid in two instalments to assist parents with the costs of textbooks, stationery items, school uniforms, excursions and other educational needs. Half of this allowance is paid to the school and half to the parents. Parents will receive 70 per cent of their portion of the EMA in the first instalment and the remaining 30 per cent in the second instalment. The school is only able to use its half of the EMA for those items/activities for which all parents are expected to pay.

The parents and the school each receive \$ _____ per child in the first instalment and \$ _____ in the second instalment.

To apply for the EMA please bring your current card to the school office before the end of the last week of February to fill in the application form for the first instalment, and before the end of the first week of August to fill in the application form for the second instalment. If your child remains enrolled in the same school and you were paid the first instalment of the EMA there is no need to reapply to receive the second instalment.

The first instalment is paid in Term 1 and the second instalment in Term 3. You will be notified by letter when the EMA cheque may be collected from the school.

For enquiries, please contact on

Signed

Date

NOTICE TO PARENTS

COLLECTION OF EDUCATION MAINTENANCE ALLOWANCE

School:

Phone:

--	--

Dear Parents/Guardians,

The first/second instalment of the Education Maintenance Allowance cheque has arrived at school. Parents must call at the school office in person to collect the cheque and sign for it. Please bring this letter with you.

Signed

Date

NOTICE TO PARENTS

TRAVEL CONCESSION AND CARD

School:

Phone:

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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 Travel Concession Card parents must complete an application form which is available through the school or at railway stations. The completed application form, including two colour passport size photographs, must be stamped by the school and lodged at a railway station.

Concession cards can be used seven days a week.

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

Signed

Date

NOTICE TO PARENTS

EXIT FROM ENGLISH LANGUAGE SCHOOLS/CENTRES

School:

Phone:

--	--

Dear Parents/Guardians,

Your child,, has completed his/her English
(Name)

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 Language School/Centre:

..... on
(Contact person) (Phone)

Signed

Date

NOTICE TO PARENTS

TRANSITION

School:

Phone:

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Dear Parents/Guardians,

I have been advised that your child
(Name)

will be attending Year 7 next year at:

.....
(School)

.....
(Address)

.....

.....

Phone:

You may contact on.....
(Name of contact person) (Phone)

if you have any questions.

Signed

Date

NOTICE TO PARENTS

MEDICAL CONDITION

School:

Phone:

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Dear Parents/Guardians,

The school must be informed if your child has a long term medical condition, (for example, asthma, epilepsy, allergies, diabetes, thalassaemia, haemophilia, or a heart condition) which may affect him/her while he/she is at school. All information will be held in confidence.

All medicines to be taken at school must be marked with your child's name, the dose to be taken and the time it should be taken.

All medicines must be handed to the teacher, unless you have made other arrangements with the teacher, (for example, asthma medication is usually held by the student).

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

If you wish to discuss your child's medical condition, please telephone

(Name)

on to make an appointment.
(Phone)

Signed

Date

NOTICE TO PARENTS

IMMUNISATION RECORDS

School:

Phone:

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Dear Parents/Guardians,

Students are required to present an immunisation certificate when enrolling for the first time in a Victorian primary school.

The certificate states whether the student has been immunised against diphtheria, tetanus, polio, measles and mumps.

Students transferring between schools are also required to present immunisation certificates.

Immunisation can be obtained through local municipal council, maternal and child health centres and local doctors.

Please make sure that you have the immunisation certificate with you when you come to school to enrol your child.

Signed

Date

NOTICE TO PARENTS

FEES AND LEVIES

School:

Phone:

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Dear Parents/Guardians,

Schools receive money from the Department Of Education to provide school programs but it is expected that parents will provide, or pay the school to provide, text books, stationery items, excursions, camps and cultural activities, and higher cost curriculum materials for some practical subjects.

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 contribute \$

Signed

Date

NOTICE TO PARENTS

STUDENT ABSENCE

School:

Phone:

--	--

Dear Parents/Guardians,

We are concerned that
(Student's name)

Year level, has been absent from school on
(Days and dates)
.....

Could you please indicate the reason for his/her absence 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 was
(Student's name)

absent from school on for the
(Days and dates)

following reason:

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

Signed
(Parent/Guardian)

Date

NOTICE TO PARENTS

SWIMMING PROGRAM

School:

Phone:

--	--

Dear Parents/Guardians,

The school swimming program will be held at
(Venue)

.....
(Address)

on between
(Dates) (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 eg. tracksuit

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

Signed

Date



Please COMPLETE, DETACH and RETURN this form by
(Date)

I give/do not give permission for, Year level: ,
(Student's name)

to participate in the school swimming program.

I wish to pay \$ per session.

Enclosed is \$ for the complete swimming program.

Signed

(Parent/Guardian)

Date

DEPARTMENT OF EDUCATION & TRAINING

Confidential medical information for school council approved excursions/camps

(Please complete and return as soon as possible)

School	Phone

This information is intended to assist the school in the case of any medical emergency. All information is held in confidence. Under the *Information Privacy Act 2000* and the *Health Records Act 2001*, schools have a duty to protect the privacy of the individual with regard to the personal and health information given in this form will be kept confidential and only used for the purpose of providing appropriate care of your child. Health information is asked for so staff can properly care for your child. Withholding health information that may be required can put your child's health at risk.

Child's name:.....
 Date of birth: School year:.....
 Parent/guardian's full name:
 Address:.....
 Postcode:
 Emergency telephone numbers:
 Business hours:.....
 After hours:
 Name and address of family doctor:

 Medical/Hospital Insurance Fund:
 Contribution No: Medicare No:

Please tick if your child suffers any of the following:

Asthma	<input type="checkbox"/>	Bed wetting	<input type="checkbox"/>	Blackouts	<input type="checkbox"/>	Migraine	<input type="checkbox"/>
Dizzy spells	<input type="checkbox"/>	Fits of any type	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	Other	<input type="checkbox"/>
Sleepwalking	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>		<input type="checkbox"/>

Allergies to:
 Penicillin:.....
 Other drugs:.....
 Any foods:

Other:

Any special care needed:

.....
.....

Tetanus immunisation:

Year of last tetanus immunisation

(Tetanus immunisation is normally given at four years of age as Infantrix vaccine and at fifteen years of age as ADT vaccine).

Tablets and medicines:

Is your child taking tablets and/or medicine? YES/NO

If YES, please state name of medication and dosage.

.....
.....

All medication must be handed to the teacher-in-charge prior to leaving. All containers must be labelled with your child's name, the dose to be taken and when it should be taken. (These will be kept in the first aid centre and distributed as required). If it is necessary or appropriate for your child to carry their own medication (i.e. asthma puffers, insulin for diabetes) it must be with the knowledge and approval of both the teacher-in-charge and yourself.

Previous experience:

Is this the first time your child has been away from home YES/NO

CONSENT TO MEDICAL ATTENTION

Where the teacher-in-charge is unable to contact me or it is otherwise impractical 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 of parent/guardian:

Date:

Prior to a child taking part in any excursion approved by the school council, the Department of Education & Training requires this consent form to be signed by the parent/guardian.

Headlice Management Toolkit

Overview

Head lice management is a complex issue for schools, and head lice infections can be difficult to manage. The responsibility for detecting and treating head lice rests primarily with the parents but it is important for them to be given practical advice and support.

A *Head Lice Management Toolkit* has been developed for schools to assist in the management of head lice. The *Toolkit* supports the development of school based policy on head lice.

It is acknowledged that some schools may already have useful resources and practices for managing head lice. This *Toolkit* has been developed as a 'guide only' and should be personalised to suit the school's needs.

Components of the *Head Lice Management Toolkit* include the following **new material**:

- Pro forma consent form to conduct head lice inspections to cover the duration of the student's schooling;
- Pro forma head lice management agreement between schools and parents/guardians/carers;
- Pro forma alert notice for principals to use at their discretion when wishing to alert the school community about head lice infection ;
- Pro forma action taken form for parents/guardians/carers to complete to inform the school about treatment used and when it commenced, when their child has head lice.

These pro formas have been translated into 21 languages and are available at:

<http://www.sofweb.vic.edu.au/wellbeing/headlice/index.htm>