



Yallourn North Primary School

Reserve Street, YALLOURN NTH 3825

Ph: 03 51158500

Email: yallourn.north.ps@edumail.vic.gov.au

Principal: Mr Kieran Kenneth

ABN: 37 611 627 729

NEW STUDENT INFORMATION FORM

FOR STUDENTS TRANSFERRING FROM A GOVERNMENT SCHOOL

Student Name: Year Level:

Student Name: Year Level:

Student Name: Year Level:

Student Name: Year Level:

Parent/Carer Names:

Current Address:

Phone Number: Start Date at YNPS:

School Transferring From:

School Address:

Parent Signature:

New Home Group

Other Siblings all ready attending

Office Use

Previous School:

School Number:

Email:@edumail.vic.gov.au

NEW SCHOOL

Yallourn North PRIMARY SCHOOL

Reserve Road, Yallourn North

Victoria, 3825

School Number: 013967

School Phone: 03 5115 8500

yallourn.noth.ps@edumail.vic.gov.au

Bsb: 313140

Acc: 12009793



ACCIDENT DECLARATION

In the event of illness or injury to my child whilst at school, on excursion, or travelling to or from school: I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in charge is unable to contact me, or it is otherwise impracticable to contact me 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 Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: Dated/...../201...

Signature of Parent/Guardian: Dated/...../200...

HEAD LICE CONSENT FORM

I consent to my child's hair being checked for head lice by authorised staff.

Signature of Parent/Guardian: Dated/...../201...

Signature of Parent/Guardian: Dated/...../201...

WALKING EXCURSION PERMISSION AUTHORITY

I give permission for my child to attend excursions organised by Yallourn North Primary School. I understand that this authorisation covers only excursion that are within walking distance of the school grounds, do not involve any type of transport and do not involve adventure type activities such as swimming.

All walking excursion will take place only after approval is granted by the Principal of the school and parents will be notified prior to the activity taking place.

I authorise the teacher-in-charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signature of Parent/Guardian: Dated/...../201...

Signature of Parent/Guardian: Dated/...../201...