1st February 2016

Dear Parents/Carers

Re: parent/carer permission and agreement related to student activities in 2016

Welcome to the 2016 school year and a very special welcome to our new parents. By all accounts, students are happy to be back and are adapting to classroom routines very quickly. Please let us know about any issues that may affect your daughter’s progress or ability to settle into the year. Year Leaders are very willing to provide support.

In previous years the college has requested that parents/carers complete separate permission notes for students to leave the college for various activities during the year and to confirm their support for college’s procedures and expectations of students. We are attempting to streamline this process in 2016 by asking parents/carers to complete a single set of permission notes and agreements and supply basic medical information. However, the college will continue to correspond with parents and carers about the significant events for the different year groups such as camps, reflection days, retreats and excursions and request permission notes be signed for such events. Please read each item and tick the box to signify your permission. Complete the final page on medical information and return the completed document to Pastoral teachers by Friday 5th February 2016.

You will also note that a Student Mobile Phone Agreement is attached. We ask all students and their parent/carer to complete the document and return to Pastoral teachers by Friday 5th February 2016.

Thank you for supporting our policies and procedures. We look forward to working with families to achieve success for our students throughout the year.

Yours faithfully

Helen M Love
Assistant Principal

Tony McCudden
Principal

COMPASSION • HOPE • JUSTICE • RESPECT
### Parent/carer permission and agreement 2016

**Student’s name:** ...........................................................................................................  
**Year:** .......  
**House:** .............

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have read the section on school procedures, including uniform regulations and the conditions associated with the use of mobile phones at the college in my daughter’s 2016 Student Planner and agree to comply with them.</td>
<td></td>
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<tr>
<td>I give permission to St Joseph's Catholic College to publish examples of my daughter's work or her photograph in college publications and on the college’s website. I understand that my daughter’s surname will not be used.</td>
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<tr>
<td>I give permission for my daughter to use the Internet at St Joseph's Catholic College. I have read and discussed the Student Internet Access Agreement outlined in the 2016 Student Planner with my daughter.</td>
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<tr>
<td>I understand the 2016 Year 7 – 10 sport program and elective PE (PASS) course requires students to walk or travel by bus to the listed off-campus venues. I give permission for my daughter in PDHPE class........................ to travel to the following venues and to participate in all programmed activities - Adcock Park, Anytime Fitness at Erina and Wyoming, Avoca Beach, Buritz Gymnastics Academy, Erina, Central Coast Youth Club (CCYC), Niagara Park, Elizabeth Ross Park, Erina Ice World, Genesis Gym, Gosford, Gosford City Basketball and Sports Stadium (GCBS), Terrigal, Gosford Pool, Hylton Moore Park, Kincumber Gym, Kincumber Indoor Sports Centre, Michelle’s Pilates, Mingara One Aquatic Centre and Gym, Munen Muso Martial Arts, Erina, Peninsula Leisure Centre, Woy Woy, St Edward’s College, East Gosford, Surfing, Terrigal Beach, Tennis Erina, Tennis Gosford, Tenpin Bowling, Wyoming, Vaughn Park</td>
<td></td>
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<tr>
<td>I give permission for my daughter to travel on a bus arranged by the college to the swimming carnival at the Peninsula Leisure Centre, Woy Woy on Wednesday 2\textsuperscript{nd} March. I understand this is a compulsory all day college event.</td>
<td></td>
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</tr>
<tr>
<td>I give permission for my daughter to travel on a bus arranged by the college to the athletics carnival at Mingara Regional Athletics Track, Tumbi Umbi on Wednesday 25\textsuperscript{th} May. I understand this is a compulsory all day college event.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I give permission for my daughter to walk to St Patrick’s Catholic Church East Gosford to attend Mass on Monday 8\textsuperscript{th} August. I understand she is to wear full school uniform and will be supervised by teachers walking to and from the church.</td>
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</tr>
<tr>
<td>I give permission for my daughter to go to Elizabeth Ross Park/Pioneer Park East Gosford and Lions Park at Gosford waterfront throughout the year for team building activities and games associated with the pastoral and wellbeing program.</td>
<td></td>
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</tr>
</tbody>
</table>

**Swimming competence** Please rate your child’s swimming ability

- [ ] Non Swimmer  
- [ ] Average  
- [ ] Competent (swim more than 50m)

**Parent/carer name:** .................................................................  
**Signature:** .............................................................................  
**Date:** ...............
2016 medical information

Student name: .................................................................  Year: ......  House: .........

Medicare number: ...........................................................................

1. Is your daughter in good health? □ Yes □ No

2. Does your daughter suffer from any of the following illnesses?
   - Asthma □ Yes □ No
   - Diabetes □ Yes □ No
   - Epilepsy □ Yes □ No

3. Does your daughter suffer any allergy (food, medication, bee stings, other)? □ Yes □ No

4. Is your daughter anaphylactic? □ Yes □ No

Please attach a copy of the current management plan prepared by your daughter’s doctor if you answered ‘Yes’ to question 2, 3 or 4

5. Does your daughter suffer a disability (e.g. sensory, physical, psychological/ emotional) likely to impact her participation in the sporting program? □ Yes □ No

Details ............................................................................................................................................

6. Has your daughter suffered any acute illness in the past four months? □ Yes □ No

Details ............................................................................................................................................

7. Has your daughter had recent heart, back or knee surgery? □ Yes □ No

Details ............................................................................................................................................

8. Is your daughter’s immunisation program up to date? □ Yes □ No

Year of last booster injection ......................  Date of last tetanus injection ......................

Management plan for asthma, anaphylaxis, diabetes
I confirm my daughter’s current management plan for asthma, anaphylaxis or diabetes has been prepared by her doctor and is attached to this form. □ Yes □ No

Emergency contact details in case of accident or illness

Name: .................................................................................................................................

Relationship to student ..........................................................................................................

Phone (home) ........................................ Mobile ........................................ Work ......................

Consent for medical/dental assistance
In the event of any accident or illness and I am unable to be contacted, I consent for the school to obtain medical or dental assistance for my daughter on my behalf and I consent for the attending health practitioner to provide any emergency treatment deemed necessary by that health practitioner including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation. Further, I understand that the school will take reasonable care in the event of my daughter suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my daughter in such event nor will it be directly responsible for any act or omission of any health practitioner attending or treating my daughter.

Parent/carer name: .............................................................  Signature: ...........................................  Date: .............
Student Mobile Phone Use Agreement

This agreement is to be signed by the student and her parent/carer and returned to the student’s pastoral teacher.

**The agreement**

**Student:**
I have read the Student Mobile Phone Policy Framework on page 2 and understand my responsibilities when I bring my phone to school.

I ……………………………………………………….. of …………….. have read this agreement and agree that I will:

- take responsibility for ensuring the security of my phone at all times
- report the suspected theft or misuse of any mobile phone to the Year Leader
- turn my phone to silent mode and place it face down on my desk when in a classroom
- turn her phone to silent mode and keep it in her pocket during sport lessons
- use an approved scientific calculator rather than my phone for mathematical questions

Further, I agree that I will not:

- send text messages, play games, make calls, ‘surf the net’ or take photos/videos during class time without the teacher’s permission
- play with the ring tones or the phone during class or meeting times
- harass or bully others by voice calls, ‘pranking’, text messaging or sending objectionable inappropriate images
- allow others to access my phone
- take my phone into the room during an examination or assessment task
- use inappropriate language (spoken or text) on any phone
- record (by audio or image) any conversation or incident

I am aware of the consequences for misusing my mobile phone.

I ……………………………………………………….. of …………….. have read this agreement and agree that I will:

Student’s full name  Pastoral class

Parent/carer
I have read the Student Mobile Phone Policy Framework on page 2 and understand the college’s expectations regarding student mobile use.

Parent/carer ……………………………………………………….. of …………….. have read this agreement and agree that I will:

Parent/carer signature  Parent/carer name  Date
The Student Mobile Phone Policy Framework

The Student Mobile Phone Policy attempts to strike a balance between the different functions a mobile phone serves for students at school. The college recognises that students use their phone to access social media and stay connected to their peers, to contact and be contacted by their parents and employer in the case of senior students and to support their learning when used to photograph board notes, record homework and access the internet. The college also recognises that the misuse of mobile phones has the potential to negatively impact on student learning, relationships and privacy therefore it is important for all students to learn how to use this technology responsibly.

St Joseph’s Catholic College expects that students who are granted permission to bring a mobile phone to school will meet the expectations outlined below. This Agreement is signed by the student and her parent/carer and is maintained in the student’s file. Instructions and reminders concerning the college’s expectations about the appropriate use of mobile phones are communicated at college assemblies, year meetings and during classes.

The expectations are that a student will:

- take responsibility for ensuring the security of her phone at all times
- report the suspected theft or misuse of any mobile phone to the Year Leader
- turn her phone to silent mode and place it face down on her desk when in a classroom
- turn her phone to silent mode and keep it in her pocket during sport lessons
- use an approved scientific calculator rather than her phone for mathematical questions

The expectations are that a student will not:

- send text messages, play games, make calls, ‘surf the net’ or take photos/videos during class time without the teacher’s permission
- play with the ring tones or the phone during class or meeting times
- harass or bully others by voice calls, ‘pranking’, text messaging or sending objectionable inappropriate images
- allow others to access her phone
- take her phone into the room during an examination or assessment task
- use inappropriate language (spoken or text) on any phone
- record (by audio or image) any conversation or incident

In summary – phones are to be on silent and face down and clearly visible on the desk during class unless a teacher instructs otherwise

Misuse of mobile phones will incur confiscation in the following circumstances:

- Students who bring a mobile phone to school without having signed and returned the Student Mobile Phone Use Agreement
- Students who misuse the phone during class time e.g. answer or make a phone call or respond to a text. Teacher will place the phone on the teacher’s desk until the end of the lesson when the phone and the completed Mobile Phone Confiscation Record will be given to the Leader of Student Wellbeing for secure storage until the end of the day
- Parents of students who repeatedly breach the conditions of the Student Mobile Phone Use Agreement will be required to attend the college for a meeting with the Leader of Student Wellbeing and the Assistant Principal
- Students who are in breach of the Mobile Phone User Agreement and refuse to follow staff directions to surrender their phone will be referred to the Assistant Principal