SHELL COVE PUBLIC SCHOOL STUDENT INFORMATION UPDATE



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Family Name					
Given Name					
Date of birth					
SRN (Office Use)				
Update Catego	orv				
☐ Student Details		□ Medical/He	ealth Details	Student Resid	dency Status
☐ Family Details		☐ Permission		Scripture	
☐ Emergency Co	ntacts	□ Aboriginali		Other	
☐ Learning and Support		-	3	glish Spoken at home	
		curacy and sig			
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Personal Information

The personal information collected on this information update is for purposes directly related to your child's education including processing this update.

Any information provided to the NSW Department of Education (the Department) will be used, disclosed and stored consistent with the NSW privacy laws.

Certain information is required by the Department to meet its duty of care and other legal obligations under public health, education and child protection legislation and for meeting data collection and reporting requirements under Commonwealth – State funding agreements which may involve evaluation and assessment of student outcomes.

Information may be disclosed to NSW State and Commonwealth government agencies and other organisations for the above purposes and as authorised or required by law.

Information will be stored on a secure electronic database. You may access or correct the information by contacting your child's school. If you have a concern or complaint about the information collected or how it has been used or disclosed you should contact the school.

If you choose not to provide some requested information it may have a detrimental impact on your child's enrolment, resourcing of the school or meeting your child's educational needs.

Further information about the collection of information while your child is enrolled at a NSW Government school, and how we protect your privacy, is available on the Department's website or from your school.

Consent

I have provided information about the learning and support needs, including health condition(s) and/or special need(s) and/or history relevant to a risk assessment, related to the student listed in the student information section of this form.

I consent to the school/Department of Education seeking information from previous schools, other NSW government departments, public hospitals, health professionals or other organisations that may also hold information related to this assessment for the student named on page 1.

I consent to the health professional(s) treating any medical or health condition identified in this update, to provide the school/Department with information about any condition that has been identified in this application. This may include any other aspects of the student's health that may impact on the condition or on the health and safety of this student or other students at school or on staff at the school.