



## Permission form

Dear Parent/Guardian,

Please read the statements below, sign in acknowledgement and return to Aurora College. You can return the form by completing all the fields and inserting a digital signature, or printing, completing, scanning and emailing the form to the email address provided below.

I give permission for the student named below to attend Aurora College's residential school. I understand this will be based at Hurlstone Agricultural High School and will be held from Monday 2<sup>nd</sup> – Thursday 5<sup>th</sup> March, 2015.

I understand some staff members are certified for First Aid and CPR. I give permission for medical treatment to be administered in the case of emergency.

I understand that in the event of unreasonable behaviour that I will be required to collect the student named below.

I endorse the full participation for the student named below, in the program provided to me.

Student name: \_\_\_\_\_

Year group: \_\_\_\_\_

Parent/caregiver name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Return by Friday 20<sup>th</sup> March, 2015  
AURORA COLLEGE: [auroracoll-h.school@det.nsw.edu.au](mailto:auroracoll-h.school@det.nsw.edu.au)

## Payment form

There are three payment options. Please indicate which method you are using

Student name: \_\_\_\_\_

### 1. Paying by cheque

Please make cheque payable to Aurora College. In the envelope, include the student's name and post to:

Aurora College  
3B Smalls Rd  
RYDE NSW

### 2. Paying by EFT

You **MUST** include your child's initial and surname in the description/reference so we can identify payments and issue you with a receipt. Bank details are below.

Bank: Westpac  
Account name: Aurora College  
BSB: 032-001  
Account number: 177963

### 3. Paying by credit card

We accept Mastercard or Visa

Card type:                      Mastercard                      Visa

Card number \_\_\_\_\_

Expiry date: \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

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**Medical Information form**

Student name: \_\_\_\_\_

Year group: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

**Emergency contact #1 (other than parent/caregiver above)**

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship to student \_\_\_\_\_

**Emergency contact #2 (other than parent/caregiver above)**

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship to student \_\_\_\_\_

**Doctor's contact details**

Name \_\_\_\_\_

Phone number \_\_\_\_\_

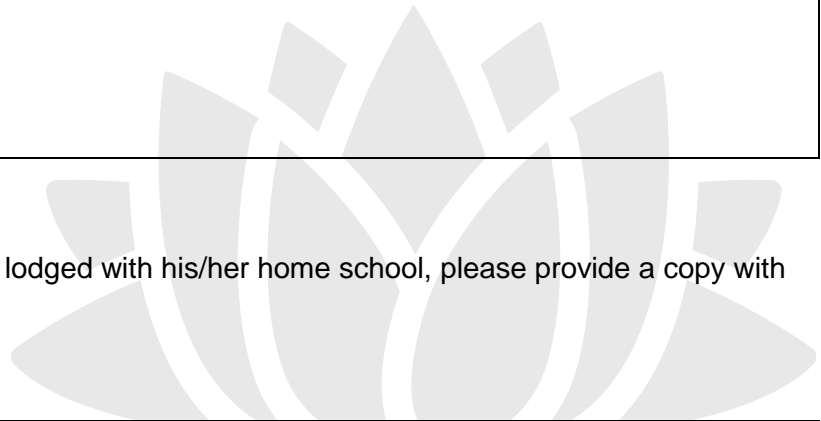


**List any existing medical conditions or illnesses** (include asthma, diabetes, epilepsy, allergies etc) **AND outline the treatment for each.**

**Medications to be administered during the residential** (include name of medication, instructions for administration, time of administration and any possible reactions)

**Outline special dietary needs** (include possible reaction to in appropriate diet)

If the student has a health plan lodged with his/her home school, please provide a copy with this form.



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## Permission to be photographed form

At certain times throughout the year, students may have the opportunity to be photographed for our school or Department of Education and Communities (DEC) publications, such as newsletter, website or to promote Aurora College in and around NSW.

Permission is required for a student's photograph, audio or video to be used for the above purposes. Please read the following terms and conditions and complete the ongoing permission form below.

I give permission for the student named below to have photos, audio or video published in school publications such as newsletters, Aurora or DEC websites or in newspapers to promote Aurora College.

I understand the images and audio may appear in materials which will be available to schools and education departments around Australia under the National Education Access or Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.

Please note this is an ONGOING permission form that applies to the length of enrolment in Aurora College for the student named below. If you wish to withdraw this authorization, it is your responsibility to notify the school.

Student name: \_\_\_\_\_

Year group: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/caregiver  
name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date : \_\_\_\_\_

Return by Friday 20<sup>th</sup> February, 2015  
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