

1. Permission note

Name, contact details and travel plans



Dear Parent/Guardian,

Please read the statements below, sign in acknowledgement and return to Aurora College by Wednesday 7th October, 2015 by email auroracoll-h.school@det.nsw.edu.au.

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 Sunday 18th to Thursday 22nd October, 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: _____

Travel plans: Please indicate the mode of transport and arrival/departure times for the student if travelling by car, train or airplane. Please indicate the pick-up and drop off locations from the options provided if travelling by an Aurora chartered bus.

Mode of transport	Arrival details (eg: time, flight number)	Departure details (eg: time, flight number)
Private Car to Hurlstone Agricultural High School		
Train to Glenfield		
Flights		
Chartered bus stops	Pick up location	Drop off location
Bus # 1 Dubbo, Molong, Orange		
Bus # 2 Parkes Canowindra, Cowra, Blayney, Bathurst, Lithgow		
Bus # 3 Ulladulla, Nowra, Wollongong		

2. Medical Information

Emergency contacts, existing conditions and dietary requirements



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Student name: _____

Year group: _____

Home School: _____

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 _____

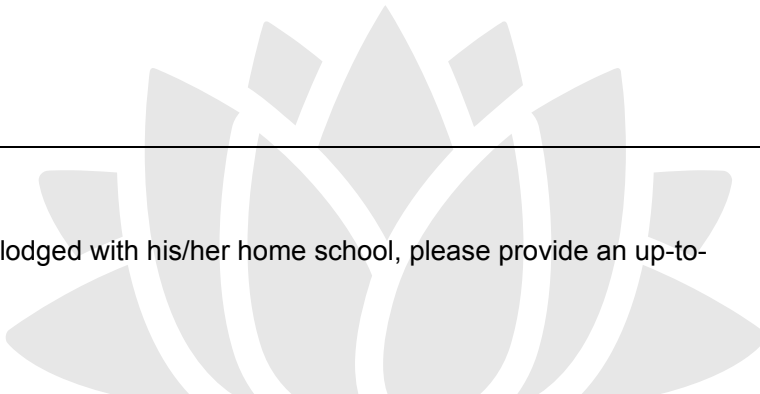
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List any existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc) **AND outline the treatment for each.**

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 an up-to-date copy with this form.



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3. Permission to Publish

Including photographs, audio and video



I am seeking your permission to allow Aurora College/Department of Education (DoE) to publish and/or disclose information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community about school and student activities and recording student participation in noteworthy projects or community service.

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.

This information may include your child's name, age, class and information collected at school such as photographs, sound and visual recordings of your child, your child's work and expressions of opinion such as in interactive media.

The communications in which your child's information may be published or disclosed include but is not limited to:

- Public websites of the Department of Education including the school website, the Department of Education intranet (staff only), blogs and wikis
- Department of Education publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically including on the school's and Department's websites
- Official Department and school social media accounts on networks such as YouTube, Facebook and Twitter
- Local and metropolitan newspapers and magazines and other media outlets.

Parents should be aware that when information is published on public websites and social media channels, it can be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information. Published information can also be linked to by third parties.

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. If you wish to withdraw this authorization, please notify the school.

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3. Permission to Publish

Including photographs, audio and video



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

I have read this permission to publish and:

Tick the appropriate box

I give permission

I do not give permission

to Aurora College/Department of Education to publish information about my child as explained, including in publicly accessible communications.

This signed permission remains effective until I advise the school otherwise.

Student name: _____

Year group: _____

Date of birth _____

Parent/caregiver Name (print): _____

Signature: _____

Date: _____

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4. Payment

Totals and payment options



Payment options are below. Please indicate your method of payment by ticking the box next to the preferred option.

Student name: _____

Year Group: _____ Home School: _____

PAYING FOR:

Residential Camp	\$ 350.00
Bus (\$50.00)	\$ _____
Total	\$ _____

CHEQUE

Please make cheque payable to Aurora College and post to:
Aurora College
3B Smalls Rd
RYDE NSW

ELECTRONIC FUNDS TRANSFER (EFT)

Please contact the Aurora College office for BSB and account number

CREDIT CARD SECURE PAYMENT ONLINE

Reference 44002 and name of student. Go to www.aurora.nsw.edu.au For parents / make a payment

CREDIT CARD

Card type: Mastercard Visa

Card number: _____ / _____ / _____ / _____

Expiry date: _____ / _____ CCV: _____

Cardholder name: _____

Cardholder signature: _____



5. Student feedback about Aurora College Parent information and consent form

Dear Parents and Carers

Aurora College was established as an initiative under the Rural and Remote Education Blueprint. The Centre for Education Statistics and Evaluation (CESE), in the Department of Education, is evaluating the blueprint and within that, will be looking at Aurora College's first year of operation.

Eva Mazurski, Senior Evaluator, CESE will be conducting the evaluation by interviewing a sample of students and asking others to complete a survey during the residential school in October to canvass their views and experiences about Aurora College's first year. Feedback from students is an important component of the evaluation, as their views of the College are central in understanding how it has met their needs. Students will be randomly chosen to either complete a survey or participate in an interview.

The Principal, Mr Robertson, will ensure the necessary arrangements are made so that all students have the opportunity to take part in the evaluation during the residential school. Group interviews will take up to 30 minutes.

Students will be identified only by first name in the interviews, which will be audio recorded. Recordings will be kept secure and confidential and will only be available to relevant staff at CESE for subsequent analysis. Reports from the interviews will not identify any student by name and no one will be able to identify your child from the results of the evaluation. Surveys will be anonymous.

Participation in the surveys or interviews is entirely voluntary. Your child will not take part if either you, or your child, do not wish to. There will be no disadvantage of any kind if your child does not participate in the evaluation.

Please complete the attached form, indicating whether or not you agree to have your child participate, and return it with your other documents for the residential school.

If you have any questions about the evaluation, please contact Eva Mazurski at 9561 1162 or by email at Evalynn.Mazurski@det.nsw.edu.au



5. Student feedback about Aurora College Parent information and consent form

I, _____, (please tick one option below)

Parent's name

give my consent

or

do not give my consent

for my child _____ in Year _____ to participate in the evaluation of Aurora College, by participating in a group interview. In giving consent, I acknowledge that:

1. I understand the procedure and the time involved
2. I have read the information sheet and have been given the opportunity to discuss the evaluation with the researcher
3. I have discussed participation in the evaluation with my child and my child agrees to participate
4. I understand that participation in this project is voluntary. My child is free to withdraw at any time
5. If my child does not participate, there will be no disadvantage of any kind
6. I understand that my child's participation is strictly confidential and that no reported information will identify my child
7. I understand that audio recordings may be made as part of the evaluation

Signed _____ Date _____

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