



CHILD DETAILS	CHILD RESIDENTIAL ADDRESS
Family name	Street number and name
First given name	Suburb
Other given names	State Postcode
Preferred given name	Country
Gender	FIRST NATIONS STATUS
Male Female Non-binary Prefer not to say	Is the child of Aboriginal or Torres Strait Islander origin?
Another term (please specify)	No
Date of Birth (dd/mm/yyyy)	Yes, Aboriginal
	Yes, Torres Strait Islander
INTERPRETER	Yes, both Aboriginal and Torres Strait Islander
Does the parent or child require an interpreter? Which is the preferred language?	MEDICAL CONDITION/MEDICATION INFORMATION
	Does this child have any medical conditions or medication you think we should know about?
	No Yes – please give details
DOCTOR OR CLINIC INFORMATION	
Doctor or clinic name	
	Please attach additional details if required
	ALLERGY / ANAPHYLAXIS INFORMATION
Address	Does this child have an allergy?
Suburb	He/she is allergic to
	Has the allergy involved hospitalisation?
Phone	Can it be life threatening?
	Has the allergy been called anaphylaxis?
PARTICIPATION IN LIL AT ANOTHER SCHOOL	Has this child been prescribed an EpiPen? Yes No
Have you registered your child for LiL at another school?	
No Yes – Name of school if yes:	

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DETAILS OF PARENT/CARER (1)			DETAILS OF PARENT/CARER (2)
Relationship to this child (e.g Father or Mother)			Relationship to this child (e.g Father or Mother)
Parent/Carer Ye	es	No	Parent/Carer Yes No
Family name			Family name
Given names			Given names
Date of Birth (dd/mm/yyyy)			Date of Birth (dd/mm/yyyy)
Residential address – Street number and name			Residential address – Street number and name
Suburb	S	tate	Suburb State
Country	Posto	ode	Country Postcode
Mail address – If not the same as residential address			Mail address – If not the same as residential address
Suburb		tate	Suburb
Suburb] [State
Country	Posto	code	Country
Email			Email
Order Silent Home phone			Order Silent Home phone
Work phone			Work phone
SIBLING DETAILS			DETAILS OF OTHER ACCOMPANYING ADULT (if not the parent/carer)
Family name			
		Y	Relationship to this child (e.g Father or Mother)
First given name			
			Parent/Carer Yes No
Other given names			Family name
Date of Birth (dd/mm/yyyy)			Given names
			Date of Birth (dd/mm/yyyy)

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EMERGENCY CONTACTS	DETAILS OF OTHER ACCOMPANYING ADULT cont.
Contact One	Residential address – Street number and name
Family name	
	Suburb State
Given names	State
	Country
Contact Number	
	Mail address – If not the same as residential address
Contact Two	
Family name	Cuture
	Suburb State
Given names	
	Country
Contact Number	Order Silent Home phone
	Work phone
CONSENT TO PUBLICATION OF PERSONAL INFORMATION	l Control of the Cont
(See the Personal Information Protection details in the Application for Enr Independent Students .)	olment – Information for Parents, Carers and
Images (including photographs or videos) of childs, and work by childs, are Children and Young People publications. This allows childs to share their ethe school's work.	
School print and electronic publications include items such as school year Education, Children and Young People print and electronic publications ar	
Some publications are permanent, and it may not be possible to remove ir future publications at any time with the school.	mages or work once published. You can change your consent for
While you may choose to give consent to the use of the child's given and fa	
Departmental policy on child safety. For example, only given names are go Publication does not include the use of child images, names or their work	
These include displays of child photos or child work on school premises.	2
I give consent for <i>images</i> that include the child to be taken for the pure.	rnose of publication in school and
Department for Education, Children and Young People publications (princlude publishing the child's given name and family name.	
 I give consent for samples of work by the child and recognition of child school and Department for Education, Children and Young People publ This may include publishing the child's given name and family name. 	
3. Consent to the <i>media</i> – I give consent for the child to be <i>photographe</i> about education and school activities, to be published by newspapers publication on their social media and website. The <i>media</i> may also put and the name of the school the child attends.	s, radio and television. This may include

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I understand that providing this information and participation in Launching into Learning does not guarantee an enrolment at this school. In the event I am not attending with my child, I agree to ensure that an appropriate adult accompanies and is responsible for my child while attending Launching into Learning.

To sign this form you must be the child's parent/carer.			
Signature I certify that the information provided in this form is correct	Date of signature (dd/mm/yyyy)		
	1 1		

Personal Information Protection

This Contact Form collects personal information for the purpose of planning and providing educational services and support for your child. The personal information will be used by the Department for Education, Children and Young People for administrative, planning and reporting purposes. It also supports compliance with legislation, duty of care and child safeguarding requirements. Personal information may be disclosed to government and other agencies as authorised by State and Commonwealth legislation. All personal information collected is managed in accordance with requirements of the *Personal Information Protection Act 2004 (Tas)* and the Department's Personal Information Protection Policy. Further information, including how to access your personal information held by the Department, is available via the DECYP website **decyp.tas.gov.au**.

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