

# **Activity consent form – Homework Centre**

Dear Parent/Carer,

Marsden State High School has been successful in being selected as one of the 120 schools across Queensland to support students to complete homework under supervision at school after school hours.

The **Homework Centre** is an opportunity for student to engage with their homework tasks under the supervision and support of Teacher Aides to improve their retention and communication of learning at Marsden State High School.

Interested students should submit the application form to student foyer. Parents will be notified of their students place in the program prior to starting.

In the event that the Homework Club quota is reached, students will be placed on a waiting list and parents contacted when a place becomes available.

The Homework Centre aims to:

- Support students from all experience levels to improve their academic learning through the support of teacher aides at the school.
- Improve students' study habits through the Art of Learning that will assist with their retention and communication of learning.
- Provide a space for students to complete homework in a learning environment provided by the school.

# **Homework Centre Details:**

### Dates:

Term 3	
Week 1 – Week 10	1
Monday, Wednesday, Thursday	

# Time & Place:

2:45pm - 3:45pm @ Marsden SHS Library

# Cost & Admission:

Free

### **Dress:**

Students are to wear Marsden SHS formal uniform

# What to bring:

Homework from subjects to support the completion of homework set by the subject teacher

Yours sincerely,

Marcus Jones
Executive Principal

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#### Privacy notice

The Department of Education is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of, as applicable, s.426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Old), and/or the Privacy Act 1988 (Cwlth).

The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.

#### **Activity risks and insurance**

Please note that the Department of Education does not have personal insurance cover for children/students. If your child is injured as a result if an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

I have read all the information contained in this form in relation to the activity (including any attached material) and I

# **Consent**

By signing this form, I agree that:

am aware that the department does not have personal accident insurance cover for students/children.				
<ul> <li>I give conser</li> </ul>	nt for my child,	(insert child's name) in		
	(MMM Class) to participate in the Ho			
<ul> <li>I will pay to</li> </ul>	the school the costs detailed in this cons	ent form for my child's participation in the activity.		
• In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my				
child may reasonably require, including contacting my child's doctor.				
<ul> <li>I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatr (including ant transportation costs) and undertake to reimburse the department the full amount of those costs</li> </ul>				
where relev	ant have updated this information.			
Parent/Carer's Name	:	(Please print)		
Parent/Carer's signature:		Date://		
Oneschool. Please gi the activity described	ve full details of any new or updated med in the form.	registration/enrolment. This information is stored electronically in dical information which may affect your child's full participation in		
You may wish to upd	ate/provide the following optional inform	mation*:		
Name of child's medi	cal practitioner:	Telephone no.:		
Medicare No.:				
Private Health Insura	nce Company (if applicable):	Membership No.:		
*If a registration/enrolment form f	or your child was competed or updated since October 2012 and the	se details have not changed, this information will already be recorder in Oneschool.		
I would like	this additional information about my chil	ld's medical information to be recorded in Oneschool records.		