



REGISTRATION FORM 2024

School _____

First Name _____ Last Name _____

Date of Birth _____ Year Level _____

Home Address _____

Postal address _____

Parent/Guardian/Caregiver's name/s _____

Home phone _____ Mobile phone _____

Please list any health conditions that Stars staff should be aware of:

STARS CODE OF CONDUCT

- * **Respect:** for all Stars and School staff, and peers.
- * **Respect:** for Stars and School premises and equipment.
- * **Honesty:** in all Stars and class activities
- * **Commitment:** to school attendance and participation.
- * **Commitment:** to appropriate behaviour.
- * **Commitment:** to always displaying the Stars values.
- * **Pride:** in working towards attaining attendance benchmarks for Stars camps and activities.

I _____ accept the responsibility of being a committed Stars member.

Signed: _____ Date: _____



CAREGIVERS' CONSENT FORM 2024

Stars members participate in a range of activities that require them to travel to locations around the local area. For your daughter to be involved in these, we need your permission/consent.

Please circle your answer

1. I give permission for my daughter to be a member of the Stars program.

Yes No

2. I give permission for my daughter's photo to be taken and used on the Stars newsletters, website, newspapers, media (including social media and television).

Yes No

3. I give my permission for my daughter to be contacted by Staff via text message and social media for the purpose of Stars activities and events.

Yes No

4. I give permission for my daughter to attend excursions within the local area, including local sport and celebration activities.

Yes No

5. I give permission for my daughter to travel on the school bus, in a Stars vehicle, or in a Stars staff private vehicle to attend the above within the local area.

Yes No

All reasonable steps will be taken to protect students against reasonably foreseeable risks of injury or harm.

Parent/Guardian/Caregiver's name: _____

Signed: _____ **Date:** _____

Stars staff look forward to your support and input into the program as we work toward building our relationship with the caregivers and supporters of the Stars girls and the program.

Thank you & kind regards

*Sharleen Gray
Program Coordinator
0467 786 296*