

WONDAI STATE SCHOOL P-10
INTERNET ACCESS AGREEMENT*

STUDENT:	PARENT OR GUARDIAN:
<p>I understand that the Internet can connect me to much useful information stored on computers around the world.</p>	<p>I understand that the Internet can provide students with valuable learning experiences.</p>
<p>While I have access to the Internet: I will use it only for educational purposes.</p>	<p>I also understand that it gives access to information on computers around the world, and that the school cannot control what is on those computers; and that a very small part of that information can be illegal, dangerous or offensive.</p>
<p>I will not look for anything that is illegal, dangerous or offensive. If I accidentally come across something that is illegal, dangerous or offensive, I will:</p>	<p>I accepts that, while teachers will always exercise their duty of care, protection against exposure to harmful information should depend finally upon responsible use of students.</p>
<p>a) Clear any offensive pictures or information from my screen; and b) Immediately, quietly, inform my teacher.</p>	<p>I believe _____ (<i>Name of student</i>) understands this responsibility, and I hereby give my permission for him/her to access the Internet under school rules.</p>
<p>I will not reveal home addresses or phone numbers – mine or anyone else's.</p>	<p>I understand that students breaking these rules will be subject to appropriate action by the school. This may include loss of Internet access for some time.</p>
<p>I will not use the Internet to annoy or offend anyone else.</p>	<p>_____</p>
<p>I understand that if the school decides I have broken these rules appropriate action will be taken. This may include loss of my Internet access for some time.</p>	<p>Parents/ guardian name: _____</p>
<p>_____ (Name)</p>	<p>Parents/ guardian signature: _____</p>
<p>_____ (Class)</p>	<p>_____</p>
<p>_____ (Signature)</p>	<p>Date _____</p>
<p>_____ (Date)</p>	<p></p>

WONDAI STATE SCHOOL P-10
MEDIA RELEASE – STUDENT CONSENT FORM*

This document gives the State and Education Queensland permission to reproduce portions of sound, video clips or photographs of students (or their work) taken in the course of their schooling for purposes associated with the promotion of Education Queensland or the State of Queensland. Permission is also granted to name the students.

This does not mean that you, the student, lose ownership rights over your sound, and/ or vision – simple that Education Queensland has permission to use your sound, and/ or vision for the purposes mentioned.

School Newsletter/Newspaper Internet/Website

Name of Student: _____

Parent/ Guardian: _____

Date: _____

Address: _____

- Education Queensland may record sound and/ or vision of me whilst I am taking part in school activities.
- Education Queensland understands that I own the intellectual property rights in my sound and my vision, and that this Consent Form is not meant to transfer my ownership.
- I give permission to the State and to Education Queensland to use my sound/ vision, and/ or my name for:
 - The media activity listed above which will assist with EQ resource needs.
 - Future media activities, which would assist with further EQ activities.
 - Promoting and advertising of the State or Education Queensland and students; and
 - Any commercial purpose.

This consent remains valid until withdrawn by me, in writing and directed to the Principal, Noosaville State School.

- I understand that by giving this permission, Education Queensland can use my sound and/ to my vision in any way it chooses, for the purposes described above. It may reproduce them in any form, in whole or in part, and distribute them by any medium including the Internet, CD – ROM, or other multi – media uses.
- I understand that I will not be paid by Education Queensland for giving this permission.

Signature of Student: _____ Signature of Parent/ Guardian: _____

Date: _____ Date: _____

Witness: _____ Witness: _____

