



Principal: Lesley Mills
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1ST May, 2018

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Dear parents, carers and community members,

Welcome to Term 2, we hope everyone had a safe and relaxing school break.

It is good to be back at Tabulam after spending a term as Principal of Ballina Public School and I am looking forward to catching up with everyone over the next few weeks. **Thanks to Mrs King** for the leadership she provided to the school in my absence.

Term 2 welcomes back **Mrs Emily Lane** from maternity leave and says goodbye to **Miss Kelly Gardner** who has taken up a position at Casino Public School.

Students look like they have had a wonderful Term 1 with a number of interesting activities including the **completion of the ceramic turtle** in the outdoor learning centre and the **poetry competition** at the end of term!

This term starts off with upholding our **school values of being safe, responsible, respectful and a learner**. Students will be engaging in learning through our **visible learning** and **critical and creative thinking** projects.

The North Coast Aboriginal health service will visit our school this **Thursday 3rd May for student hearing and dental checks**, please sign the **permission note in this newsletter** for your child to have these checks.

Our **School Cross Country** will take place on **Friday 4th May at 2pm**; everyone is welcome to attend and cheer the students on.

CANTEEN: Please ensure that lunches are ordered by 9:30am each day as it is not possible to provide lunches when ordered just before the lunch break. Thank you.

The **mobile library** will be parked at the front of school every **Thursday from 12:30pm-1:30pm**. This is a great opportunity to join the library and get yourself or your children a good book to read. The students at school will be accessing the library to increase the interest in reading for fun.

This term we will be **trialling a new report system for student's Semester 1 reports**. Reports will be given to parents in the last week of school.

Check the calendar for events on this term, our end of term **assembly extravaganza** will take place in **week 10 on Tuesday 3rd July**.

Have a great week!

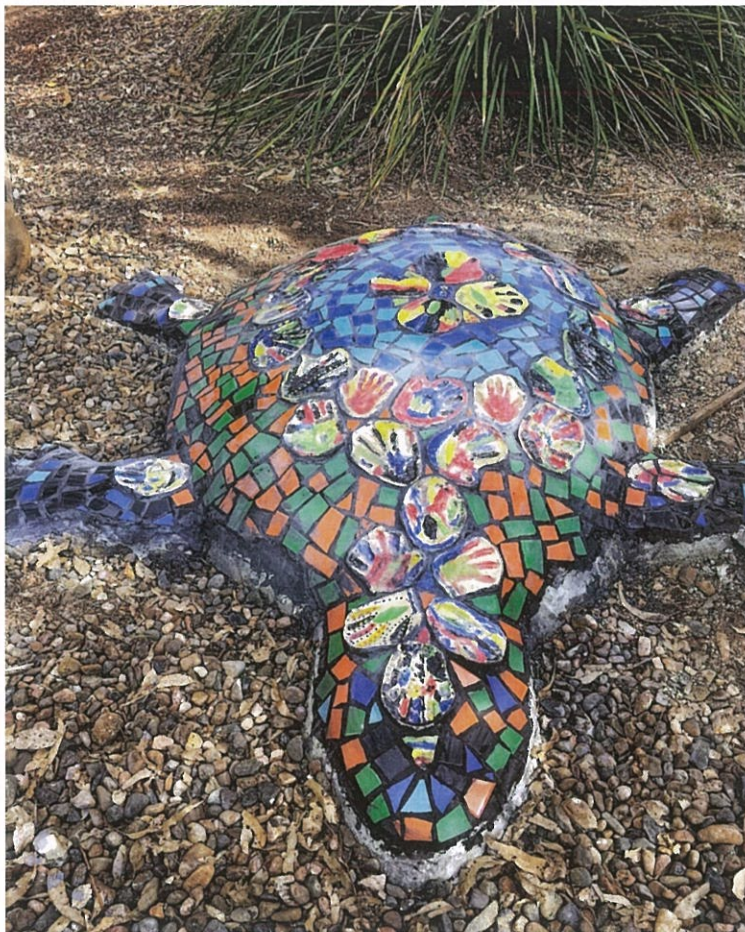
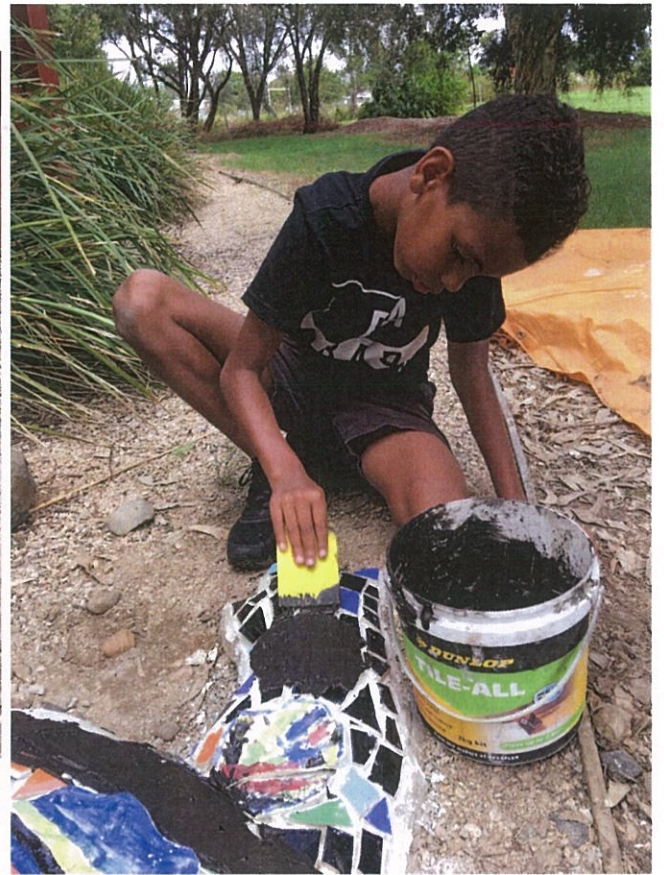
Lesley Mills Principal ☺

Mosaic Binging

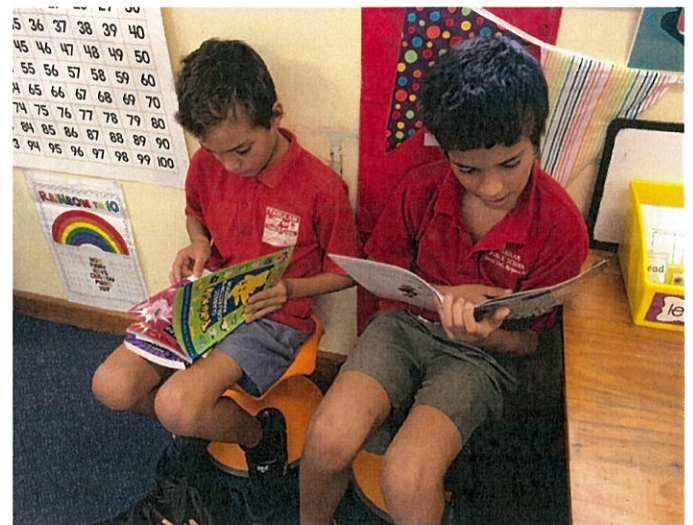
During first term students from the 4/5/6 class have helped Miss Wilson to make a mosaic sculpture of a binging at the entrance to the bush food garden. Clay tiles previously hand-painted by students feature in the sculpture. The 4/5/6 students helped set the tiles, then mixed and applied the grout.

We hope this sculpture will be enjoyed by the children and community, brightening the school for many years to come.





Tabulam Students all enjoyed receiving their free book pack from the 'Books in Homes Program'.





Congratulations to all students for participating in our Poetry Competition.

Kindy

1st – Daniel Johnson-Brady
2nd – Kazaiya Allen

Year 1

1st – Jyharla Collins
2nd – Kenneth Avery

Year 2

1st – Ben Wilkinson
2nd – Sophia Hippie

Year 3

1st – Ronald Ward
2nd – Michael Link



Year 4/5/6

Stage 2

1st -Annabelle Johnson-Brady
2nd – Shaileigh Avery

Stage 3

1st – Anne-Maree Avery
2nd – Oscar Martin



REMINDER: If anyone has any Coles Sports for Schools vouchers still floating around at home please send them in as soon as possible as we need to have them posted by 25th May, 2018.

WEEK	TERM 1
1	<u>Thursday 3rd May</u> Dental/Hearing checks <u>Friday 4th May</u> School Cross Country
2	<u>Thursday 10th May – Friday 11th May</u> Leadership conference – Tweed Heads <u>Friday 11th May</u> District Cross country – Bonalbo
3	<u>Monday 14th May</u> P & C Meeting 2.30pm
4	
5	<u>Tuesday 29th May</u> Dr.Jackie Andrews <u>Friday 1st June</u> Zone Cross Country - Corndale
6	
7	<u>Wednesday 13th June</u> Regional Cross Country – Nana Glen
8	
9	<u>Tuesday 26th June</u> Books In Homes
10	<u>Tuesday 3rd July</u> Whole School Assembly

Dental Assessment Consent Form

*Please use a separate form for each child

Child's first name _____ Last name _____

Child's date of birth _____ ☐ Male ☐ Female

School _____ Year _____ Class _____

Is your child of Aboriginal origin or Torres Strait Islander origin: ☐ No

☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

☐ Yes, both Aboriginal & Torres Strait Islander

Address _____

_____ Postcode _____

Phone number 1 _____ Phone 2 _____

I consent to my child taking part in the dental assessment. ☐
 I consent to my child having a fluoride varnish applied to their teeth. ☐
 I consent to Casino AMS dental collecting Child Dental Benefit Scheme ☐
 Parent /Guardian Signature: _____ Date _____

Parent/Guardian Name _____

Relationship to child _____

Medicare Card Number _____

Information collected on this consent form is confidential and is for statistical purposes. The NNSW LHD, Oral Health Service is to be regarded as the principal agent to hold this information, which assists in the efficient and effective management of the Oral Health Services.

For Official Use: DMFT/dmft Chart				Result dmft				DMFT				Mature plaque		Yes/ No	
16	55	54	53	52	51	61	62	63	64	65	26				
15	14	13	12	11	21	22	23	24	25						
46	45	44	43	42	41	31	32	33	34	35	36				
	85	84	83	82	81	71	72	73	74	75					

Comments.....



Australian Government

Department of Health

CHILD DENTAL BENEFITS SCHEDULE
BULK BILLING PATIENT CONSENT FORM

I, the patient / legal guardian, certify that I have been informed:

- of the treatment that has been or will be provided from this date under the Child Dental Benefits Schedule;
- of the likely cost of this treatment; and
- that I will be bulk billed for services under the Child Dental Benefits Schedule and I will not pay out-of-pocket costs for these services, subject to sufficient funds being available under the benefit cap.

I understand that I / the patient will only have access to dental benefits of up to the benefit cap.

I understand that benefits for some services may have restrictions and that Child Dental Benefits Schedule covers a limited range of services. ~~I understand I will need to personally meet the costs of any services not covered by the Child Dental Benefits Schedule.~~

I understand that the cost of services will reduce the available benefit cap and that ~~I will need to personally meet the costs of any additional services once benefits are exhausted.~~

Patient's Medicare number

Patient / legal guardian signature

Patient's full name

Full name of person signing
(if not the patient)

Date



Bulgarr Ngaru Medical Aboriginal Corporation

Aboriginal Hearing Checks

P.O. Box 14,
Casino NSW 2470

Email: info@bnrmac.com.au

Phone: 02 6662 3514
Fax: 02 6662 4849

Please complete one hearing screening form for each child in the family – this information is strictly confidential

Child's Details

Child's Given Name: _____

Home Address: _____

Gender: F / M (please circle one) Child's DOB: _____

Phone (home): _____ (mob): _____ (work): _____

Is Your Child: Aboriginal / Torres Strait Islander / Both

Child's School: _____

Medicare Number & Ref (next to name) _____ Expiry Date: ____ / ____

Health Care Card Number _____ Expiry Date: ____ / ____

YES/NO

I consent to my child ☐ YES ☐ NO

Having a hearing check

I consent to results being made ☐ YES ☐ NO

Available to other health

Agencies e.g. GP, AMS, Area Health

Relevant History e.g. has your child had a history of ear problems, medical conditions, developmental concern, grommets, etc.

If you would prefer, you may discuss this form in private, with your Health Worker.

Parent/Signed: _____ Date: _____

