



Principal: Lesley Mills  
[www.tabulam-p.schools.nsw.edu.au](http://www.tabulam-p.schools.nsw.edu.au)  
 7<sup>th</sup> May, 2018

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Dear parents, carers and community members,

Welcome to **week 2** after an excellent afternoon of cross country last Friday. Congratulations to all runners, many of whom had to run through some very happy cows! Thank you to all who attended to support the students. Students who go onto the **District Cross Country at Bonalbo this Friday 11<sup>th</sup> May** will receive a permission note today.

Results were: **Senior Boys:** 1<sup>st</sup>: Albert Avery 2<sup>nd</sup>: Thomas Harkin: **Senior Girls:** 1<sup>st</sup>: Anne-Maree Avery: **11yrs. Boys:** 1<sup>st</sup>: Pierre Hippi; 2<sup>nd</sup>: Oscar Martin; 3<sup>rd</sup>: Kaden Khelloul: **11yrs Girls:** 1<sup>st</sup> Dellmay Simon; 2<sup>nd</sup>: Jordan Petersen: **10yr.Boys;** 1<sup>st</sup>: Andre Avery; 2<sup>nd</sup>: Danial Khelloul; 3<sup>rd</sup>: Charlie Avery: **10yr. Girls;** 1<sup>st</sup>: Deniarna Roberts-Walker; 2<sup>nd</sup>: Ponjum Ward; 3<sup>rd</sup>: Shakylah McGrady:**8/9 yr.Boys:** 1<sup>st</sup>: Ronald Ward; 2<sup>nd</sup>: Ben Wilkinson: **8/9 Yr. Girls;** 1<sup>st</sup> Shantelle Hippi; 2<sup>nd</sup>: Tasharni McGrady; 3<sup>rd</sup>: Shaileigh Avery; 4<sup>th</sup>: Gracie Martin: **5/6/7 Yr. Boys;** 1<sup>st</sup>: Leslie McGrady; 2<sup>nd</sup> Tayshaun Simon; 3<sup>rd</sup>: Kenneth Avery; 4<sup>th</sup>: Shane Collins-Adams: **5/6/7 Yr.Girls;** 1<sup>st</sup> Sophia Hippi; 2<sup>nd</sup>: Laquiesha Williams; 3<sup>rd</sup> Kazaiya Allen; 4<sup>th</sup> Dellzahlia Adams.

Many students accessed the **free dental and hearing checks available at school** last week. Kresta and Irene from the AMS will be here again **tomorrow (Tues 8<sup>th</sup>)** to complete the checks. If you would like your child checked please **fill out the forms attached** to this newsletter and return to the school office tomorrow morning.

On **Thursday 10<sup>th</sup> May** the P&C will be holding our Annual **Mother's Day stall** in the library at 11am. Gifts between \$1 and \$5 will be available for students to purchase.

Our **school leaders** will be travelling to **Tweed Heads on Thursday 10<sup>th</sup> May** to attend the **GRIP Leadership Conference** with Mrs Mills and Mrs James on Friday 11<sup>th</sup> May. This is a great opportunity to meet with other school leaders and to build skills around being a leader in the school.

Next week **ALL students in year 3, 5, 7 and 9** will be sitting the **NAPLAN** assessment across Australia. Parents will receive reports from the assessment

in August. All students need to attend. The schedule is as follows: Tues: Writing and Literacy conventions, Wed: Reading, Thurs: Numeracy. Please see the **'letter to parents' attached to this newsletter.**

We have been very fortunate to receive **assistance for uniform support** from St Vincent de Paul Australia. This assistance will allow **\$20 per child for school uniforms.**

Our wonderful books **'Going for Binging'** and **'Going for Woginge'** which were produced by the 4/5/6 class as part of our Schools Plus Teaching Fellowship project are available from the school office for \$20 each.

All classes are connected to **Class Dojo** which is a great way to stay connected to your child's class and teacher. Classes put photos and work from the school day on class dojo and parents can message the teacher or comment on the great work students are doing in the class. **If you are not connected and would like to be** you just need an email address, come and talk to the teacher to get your login and we will help you to connect.

Have a great week! ☺

Lesley Mills



Principal

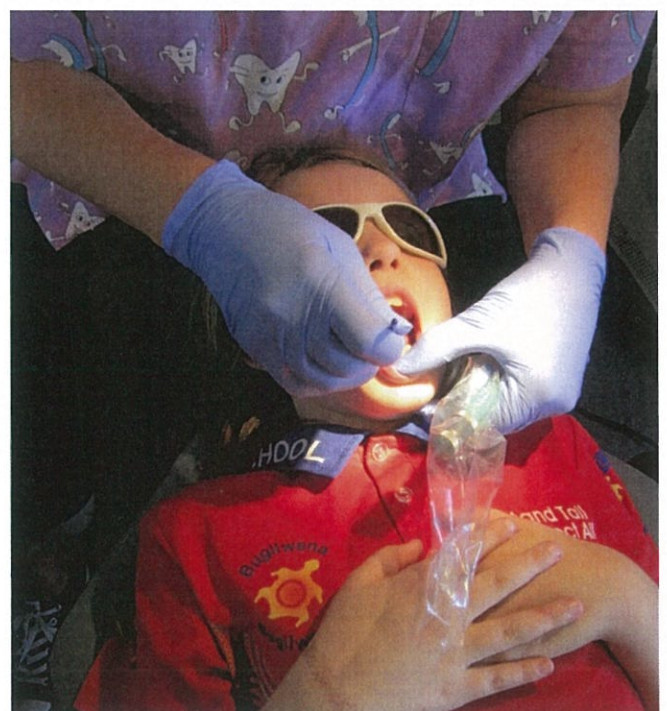
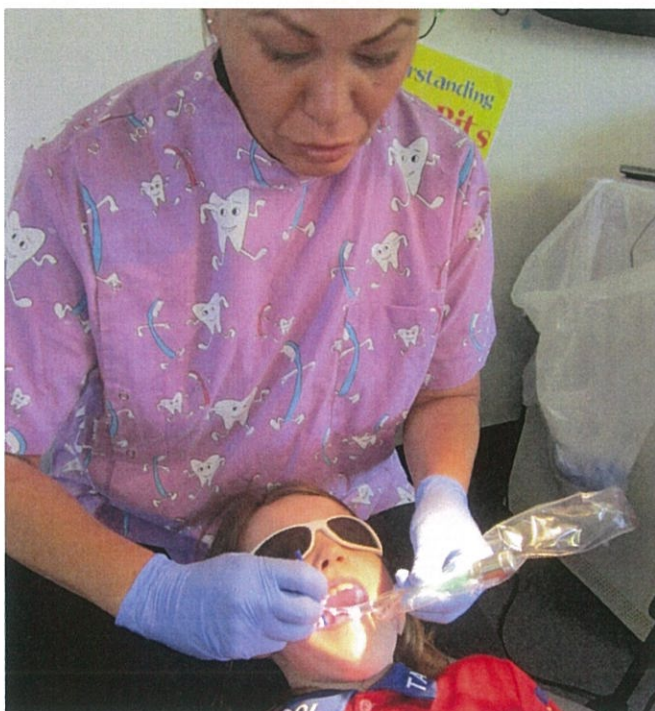
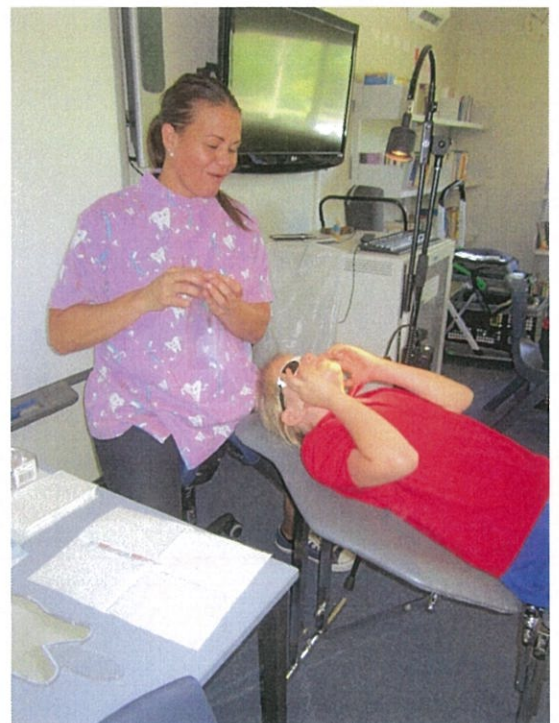
### **Next P & C Meeting Monday 14<sup>th</sup> May at 2.30pm**

Membership of \$2 must be paid prior to the meeting as only members are able to vote on decisions to be made.

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



# DENTAL ASSESSMENTS





# CROSS COUNTRY RUN

## FRIDAY 4<sup>TH</sup> MAY, 2018



The  
Warm  
Up.







THE



WINNERS





# National Assessment Program – Literacy and Numeracy (NAPLAN) 2018

## LETTER TO PARENTS

In May 2018 the National Assessment Program – Literacy and Numeracy (NAPLAN) will be completed by students in Years 3, 5, 7 and 9. NAPLAN has the support of all State and Territory Education Ministers and will assess the literacy and numeracy skills of students across Australian schools.

The results of the tests will provide important information to schools about what each student can do, and will be used to support teaching and learning programs. Parents will receive a report indicating their child's level of achievement. Each student's level of achievement will be reported against the national minimum standard.

Student background information (student name, gender, date of birth, language background and Aboriginality) will be collected as part of the National Assessment Program. This information is treated confidentially and held securely to ensure that every student's right to privacy is maintained.

The NAPLAN tests will be conducted from 15-17 May 2018.

TUESDAY 15 MAY	WEDNESDAY 16 MAY	THURSDAY 17 MAY
Language Conventions (Spelling, Punctuation and Grammar)	Reading test	Numeracy test
Writing test		

In the numeracy tests students do not require any measuring tools such as rulers or protractors. In Years 7 and 9 there will be one numeracy test with two parts: Part A calculator is allowed and Part B where calculators are not to be used. For the calculator test, the student should use the calculator that they currently use at school.

**Friday 18 May** – A 'catch-up' day is scheduled for students who missed a test or were absent on a test day. Students may be considered for exemption from the tests if they:

- are newly arrived in Australia (less than one year before the test) and with a language background other than English, or
- have significant intellectual disability and/or significant co-existing conditions which severely limit their capacity to participate in the tests.

All other students are expected to participate in the tests. Disability adjustments which reflect the student's normal level of support in the classroom may be provided. Large print, braille, coloured paper versions and electronic tests are available to meet the needs of individual students.

Access to disability adjustments or exemption from the tests must be discussed with the school principal and a parent or carer consent form must be signed.

Students may be withdrawn from NAPLAN by their parent or carer. This is a matter for consideration by parents in consultation with the school principal. If you wish to withdraw your child from the tests, a parent or carer consent form must be signed.

Please make an appointment with the principal of the school your child attends if you would like to discuss your child's participation in NAPLAN.

Additional information about NAPLAN can be found at <http://www.nap.edu.au/naplan/parent-carer-support>

## 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@bnmac.com.au](mailto:info@bnmac.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: \_\_\_\_\_

