

**PLEASE NOTE: A SEPARATE NOTE SHOULD BE COMPLETED FOR EACH CHILD**

Dear Parents/Carers

Below are a number of consent areas concerning your child's attendance at our school. **Please return this form with signatures and ticked choices to school as soon as possible.**

Brad Lyne  
**PRINCIPAL**

*Student name:* \_\_\_\_\_ *Class:* \_\_\_\_\_

**LOCAL EXCURSIONS/ACTIVITIES**

I give permission for my child/ren to participate in supervised excursions ie walks/Cross Country in close proximity to the school. This may include but is not limited to Pottsville Oval, Bowls Club, Hastings Point, Seabreeze Oval, beach, shopping centre as part of curriculum activities. Parents will be advised in writing when these events are taking place.

**I GIVE MY CONSENT**                       **I DO NOT GIVE MY CONSENT**

**PG MOVIES**

I give permission for my child to view PG movies for Years K-6, under the supervision of the class teacher. Parents will be advised when movies are to be shown.

**I GIVE MY CONSENT**                       **I DO NOT GIVE MY CONSENT**

These signed permissions remain effective until I advise the school in writing otherwise.

Child's name ..... Class: .....

Parent/Carer/Caregiver's name .....

Parent/Carer/Caregiver signature ..... Date: .....