Dear Parents

Throughout the year, our classes can become involved in a range of activities. To help us with early planning for these events, please fill in and return the following information.

You will still receive individual permission notes for activities as they come up.

Yours Faithfully

Judy Fountain
Principal

STUDENTS NAME ____________________________ CLASS ____________

I give permission for my child to:

• Participate in a non-denominational Religious Education Program YES ☐ NO ☐
• Participate in Photographic / Filming / Audio activities YES ☐ NO ☐
• Display photos and/or work samples to the community YES ☐ NO ☐
• I give permission for admin staff to discreetly check my child’s hair if head-lice are suspected YES ☐ NO ☐

Parent/Guardian Signature ____________________________ Date ____________

Family Name (printed) ________________________________