PERMISSIONS 2016

Student’s Name: __________________________________________________

Date of Birth: _______________________________________________________

Religion

I do/do not give permission for my child to attend Religious Education Classes. The Religion class that will take place at school this year is Catholic classes. This class will take place once a month for half an hour.

Signature: __________________________.

Internet/Email

I do/do not give permission for my child to use the internet/email while at school under supervision at all times.

Signature: __________________________.

Excursions

I do/do not give permission for my child to leave the school grounds being fully supervised by a teacher during school hours to attend local excursions. Children will not be taken past the four grids that surround the Boulia town.

Signature: __________________________.

Hospital Treatment

I do/do not give permission for my child to receive treatment from hospital staff without my consent first being given. I understand that the school would still contact me as soon as possible if my child received treatment of any type.

Signature: __________________________. Date: _________________________