

STUDENT PERMISSION FORM 2007



To enable your child/children to:

1. Attend local community activities
2. Participate in swimming
3. Participate in 'Options'
4. Have their photo and/or name appear in publications

During their enrolment at Leyburn State School.

the school will require you to indicate your permission by a ✓ in the relevant column and then sign the relevant area below.

NAME OF STUDENTS	Local Community Permission		Swimming Permission		'Options' Permission		Media Permission	
	Yes	No	Yes	No	Yes	No	Yes	No

AGREEMENT OF PARENT/CAREGIVER

LOCAL COMMUNITY ACTIVITIES PERMISSION

I hereby give permission for my child/children to participate in all teacher supervised class and educational activities around the township of Leyburn.

I understand that:

- Written notification of all activities will be provided in either the Informer or in letter form. **If I do not indicate otherwise in writing then my child has my consent to attend,**
- my child's participation in any organised activity conducted by the school is conditional upon his/her appropriate behaviour.

Parent/Caregiver's Signature: _____

Date: _____

MEDIA PERMISSION

I hereby give permission for my child/children to have his/her photograph and/or full name appear on television or on the internet, in the school newsletter and associated publications, newspaper, class projects, journals, magazines, brochures, PowerPoint presentations etc. while he/she attends Leyburn State School. I understand that, should my child's circumstances change, it is my responsibility to notify Leyburn State School in writing of such changes.

Parent/Caregiver's Signature: _____

Date: _____

'OPTIONS' PERMISSION

I hereby give permission for my child/children to participate in the community-volunteer 'Options' program while he/she attends Leyburn State School. I understand that, should my child's circumstances change, it is my responsibility to notify Leyburn State School in writing of such changes.

Parent/Caregiver's Signature: _____

Date: _____

SWIMMING PERMISSION

I hereby give permission for my child/children to participate in swimming lessons and activities while he/she attends Leyburn State School.

- I understand that swimming is a part of the Health/Physical Education curriculum of the school.
- I will be responsible for providing my child with a swimming cap, swimmers, (full piece costume), swim shirt, towel and dry clothing.
- In the event that my child is unable to attend lessons owing to a medical reason, I will provide his/her classroom teacher with a written explanation for the school records.

Parent/Caregiver's Signature: _____

Date: _____

STUDENT PARTICIPATION FORM 2007



To enable your child/children to have access:

1. To shared stationery items
2. To Arts Council Performances

The school will require you to indicate your permission by a ✓ in the relevant column and then sign the relevant area below.

NAME OF STUDENTS	Involved in Stationery Scheme		Involved in upfront payment for Arts Council	
	Yes	No	Yes	No

AGREEMENT OF PARENT/CAREGIVER

PARTICIPATION IN THE VOLUNTARY STATIONERY CONTRIBUTION SCHEME

I wish for my child/ren to be involved in the Voluntary Stationery Contribution Scheme.

I understand that upon payment of \$20/child/year, that this will provide my child:

- With access to shared: rulers, glue sticks, scissors, sharpeners and colouring pencils/textas.
- With pens, pencils and erasers for school use.

**Please enclose \$20 per child with your completed form.*

Parent/Caregiver's Signature: _____

Date: _____

PARTICIPATION IN THE UPFRONT PAYMENT FOR ARTS COUNCIL

I wish to participate in the upfront payment for 2006 Arts Council.

I understand that upon payment of \$20/child/year, that this will provide my child, with access to four Arts Council performances in 2006:

- * Term 1: 'Maskerade' – an interactive journey into the world of masks
- * Term 2: 'Lines in the Sand' – expression dance theatre
- * Term 3: 'Pinocchio' – a puppetry experience
- * Term 4: 'Newton's Law' – a music experience

**Please enclose \$20 per child with your completed form.*

Parent/Caregiver's Signature: _____

Date: _____