FAMILY NAME...........................................................................................................

EMAIL ADDRESS......................................................................................................

EMAIL ADDRESS......................................................................................................

PHONE NUMBERS

HOME.........................................................

MOBILE............................................. NAME..............................................

MOBILE............................................. NAME..............................................

COMPREHENSIVE CAR INSURANCE DETAILS

COMPANY NAME.................................................................................................

POLICY NUMBER.................................................................................................

CAR REGO................................................................................................................

EMERGENCY CONTACT NUMBERS

(this should be someone we can contact if we cannot contact you in an emergency or if your child needs to be picked up from school if they are unwell – It is better to be someone close by if possible)

NAME.........................................................PHONE........................................

NAME.........................................................PHONE........................................

NAME.........................................................PHONE........................................

CONSENT TO PUBLISH

I.......................................................................................give my permission for my child/children’s photo and name to be published in school related articles in all/any forms of media.

Signed........................................................................date....................... 

PERMISSION FORM

I give permission for my child/children................................................................. to participate in school activities that may require leaving the school grounds during 2014.

Signed........................................................................date....................... 

In the event of any accident or illness I authorise the teacher in charge where it is impracticable to communicate with me to seek such medical attentions as may be deemed necessary.

Signed........................................................................date....................... 

(Please note – we will always endeavour to send home a permission form for all activities, however in the event that it is not possible to do this eg something comes up and there is no time to send home a notice, this form will cover Department requirements.)