

Consent Forms

Name _____

Consent to leave the school grounds for swimming.

During Terms 1 and 4, all children in Years 1 – 7 (Prep – Term 4) have swimming lessons. These are conducted at the Gatton Swimming Pool by our teachers, under the guidance of our PE teacher.

I **do / do not** give consent for my child _____ to leave the school grounds to attend swimming lessons.

Parent's/Guardian's signature _____ Date _____

Consent to leave the school grounds for sport (interschool sport).

During the year, students in Years 5 – 7 (and some Year 4s) are involved in interschool sport. This consent form will cover your child for these sporting events.

I **do / do not** give consent for my child _____ to leave the school grounds to attend interschool sport.

Parent's/Guardian's signature _____ Date _____

Consent to have your child's photograph, name or school work appear in publications.

Photographs of children, their names and examples of good schoolwork and achievements regularly appear in the school newsletter and local newspapers. Children enjoy having their work published in this way. Please complete the consent form to indicate that you are happy for this to occur with your child.

I **do / do not** give consent for my child _____ to have his/her name, photographs and schoolwork to appear in the school newsletter and local newspapers.

School Newsletter

Local Newspapers – Withcott Times, Gatton Star, Toowoomba Chronicle

Parent's/Guardian's signature _____ Date _____

Consent to leave the school grounds for community walks

At times, teachers may take their classes on walks around the school/community. This may involve walking to the Community Hall, investigating the township of Helidon, going on the Heritage Walk, practising for the Cross Country etc.

I **do / do not** give consent for my child _____ to leave the school grounds for activities such as those listed above.

Parent's/Guardian's signature _____ Date _____

Consent to be included in the school photographs

I **do / do not** give consent for my child _____ to be included in the class photo for the annual school photos – each year, professional school photographers take photos of the class group of children which you may wish to purchase.

If your child is not permitted to be in the school photos, please complete below:

I **do / do not** give consent for my child’s name to appear on the class photo under the ‘Absent Student’ section.

Parent’s/Guardian’s signature _____ Date _____

Consent to have your child’s photograph, name or schoolwork appear in publications on the school website.

I **do / do not** give consent for my child _____ to have:

his/her name (first name only, and only with pieces of work, not photos)

photographs (only group photos, names of children not listed)

Parent’s/Guardian’s signature _____ Date _____

Support Services

During the period of your child’s attendance at Helidon State School, it may be necessary to call upon support services to work with or assess your children. Please indicate if your children have been seen by any of the following:

Guidance Officer _____

School Nurse _____

Behaviour Adviser _____

Speech Language Pathologist _____

Other _____

In the event that your child does require assessment, you will be contacted by the relevant School Personnel to discuss the concerns and complete permission forms.

Please indicate below any specific concerns you may have about your child in the areas of speech, language, behaviour, academic and physical abilities.

