



Girraween Primary School

Rising to the challenge



Transition to Year 6

Student/s Name _____ Class/es _____

	Yes	No
I would like to receive the school newsletter via email to the following address Email address _____		
I DO give consent for my child to be checked at school for lice/nits by the trained Nit Busters team		
I DO give consent for my child to apply 'Cancer Council Everyday Sunscreen SPF 30+' for sports events and excursions.		
I DO give permission for my child's photo to be published on the Girraween Primary School Facebook page.		
I DO give permission for my child's photo to be published on the Girraween Primary School Website		
I DO give consent for my child to receive First Aid Treatment if required.		
I DO give consent for my child travel in an Ambulance if required.		
I would like a school banking kit		
Are you interested in becoming a member of any of the following groups?		
Grounds		
Craft		
School Council		
Fund Raising		

What is your occupation?

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Do you have any skills which may contribute to the Girraween School Community?

Name and signature of parent/guardian providing consent

Parent/guardian Name _____
(Please Print)

Parent/guardian Signature _____ Date: _____