Dear Parents,

I am seeking your permission for three reasons related to the school year being: excursions around Collie, the ability to seek medical attention and to use photographs of your child/ren taken during school related activities.

During the school year, a number of excursions are undertaken such as attending Church, swimming lessons and sporting competitions around the town site of Collie. Students will walk or be transported on the school bus with staff supervision.

In the event of an accident at school, after assessing the situation, parents will be contacted. If parents are unavailable, we will use the emergency contact details. On the rare occasion we need to seek medical attention for your child without being able to contact you or those listed as emergency contacts, I am asking for you to grant the school permission to take action if medical attention is deemed necessary.

Also, during the year, staff and others take photographs of students to capture special moments in their education. The photographs could be used in a variety of ways including: the school newsletter, end of year annual, the local paper, the school website or our Facebook page.

Could you please complete and sign the permission slip below indicating your acceptance of these requests and return to school by Friday, 17th February 2017.

Regards

Daniel Graves
Principal

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SCHOOL YEAR 2017

FAMILY SURNAME ______________________________

☐ I/We give permission for our child/ren ______________________________

#_____________________________ to travel on the school bus within the Collie area .

☐ I/We give permission for our children when required, to walk to an event.

☐ I/We also give permission for staff to seek medical attention for our child/children if required.

☐ I/We give permission for photographs to be used to promote the school locally.

☐ I/We give permission for photographs to be used on the school website.

☐ I/We give permission for photographs to be used on the school Facebook page.

Parent’s Signature ____________________________ Date __________