

STUDENT PERMISSION FORM

Student Name: _____ Class: _____

Parent/Carer's are asked to complete this form and return it to the school. The permission form will be kept on file and remain valid for the duration of your child's enrolment at Erina Heights Public School. If wish to change your permissions in the future please notify the school in writing.

		I GIVE PERMISSION (PLEASE TICK):	I DO NOT GIVE PERMISSION (PLEASE TICK):
PUBLISH PHOTOS PRINT/DGITAL MEDIA	Permission for my child's photo to be published in all forms of print and digital media (including but not limited to the School Newsletter, School Website, Facebook, Dojo, Annual School Report, Electronic Sign)		
PUBLISH NAME PRINT/DIGITAL MEDIA	Permission for my child's first name to be published in all forms of print and digital media (including but not limited to the School Newsletter, School Website, Facebook, Dojo, Annual School Report, Electronic Sign)		
PG RATED PROGRAMS	Permission for my child to watch PG movies. During the school year students have the opportunity to watch programs or movies for various reasons, including being part of a literacy program, supporting classroom research, wet weather lunches and camps.		
SUNSCREEN	Permission for my child to apply sunscreen. We encourage students to be sun safe, which includes wearing a hat and applying sunscreen. Sunscreen will be kept in the school front office.		

Parent/Carer: _____ Date: _____

Signature: _____