

permission.

## **Holy Family Catholic Primary School**

2 – 4 Highfield Road LINDFIELD NSW 2070 Email: info@holyfamily.nsw.edu.au Website: www.holyfamily.nsw.edu.au

Phone: (02) 9416 7200 ABN 89 548 339 579

## **Local Excursion Permission Form (K – 6)**

Students Name:	Class:	
	rsions that involve walking to the local ovals or r for students to participate in these local ne school.	
	will be valid for your child's entire enrolme imary School (i.e. Kindergarten to Year 6).	nt at Holy Family Catholic
	Please complete one form per child.	
I give permission for my child nam	ed above to:	
<ul><li>2. walk around the local area</li><li>3. participate in all activities a</li></ul>	which I understand will be approved by the Pras deemed by the school to be necessary or durranged as part of this local excursion, ion in the event of accident or illness, as seen	desirable,
Signature	Parent/Guardian Name:	Date
permission.	bility to notify the school in writing should I wis	•
<u>P</u>	G Viewing Consent Form (K – 6)	
Students Name:	Class:	
	sion documentaries and internet clips as part or ire consent. Very occasionally something with permission.	
	will be valid for your child's entire enrolme imary School (i.e. Kindergarten to Year 6).	
Please tick <b>YES</b> or <b>NO</b>	Please complete one form per child	
YES, I consent to my child	viewing items with a 'PG' rating if deemed sui	table by the teacher.
NO, I do not give consent.		
Signature	Parent/Guardian Name:	Date

I understand that it is my responsibility to notify the school in writing should I wish to withdraw or change this