
Dear Parents

Throughout the year, there will be a number of occasions where children will be involved in learning opportunities and situations that will require parental permission.

We would appreciate if you could fill out the details below so that your child/ren can participate in these events when the need arises. You are required to write each child’s name and year level.

Thank you

Travis Bienkowski
PRINCIPAL

<table>
<thead>
<tr>
<th>Child/ren’s Name</th>
<th>Year level</th>
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I ______________________ give permission for my child/ren to participate in the following events when the need arises.

(please tick and sign)

☒ Use the Waroona Showgrounds Oval (PE & Supervised Lunchtime Play) Sign: ____________
☒ Participate in the Story Dogs Program Sign: ____________
☒ Walk to and from the Waroona War Memorial for ANZAC & Remembrance Day Services Sign: ____________
☒ Travel to and from Pam Corker House Sign: ____________

Parent’s Name: (please print) ____________________________

Signed __________________________ Date ____________

PLEASE RETURN TO THE CLASS TEACHER BY 24th February, 2017