

Annual Parent Consent / Permission

This form will cover the consent and permission of my child whilst attending Courtenay Gardens Primary School.

Student Full Name: _____

Class: _____

Parent Guardian Full Name: _____

Walking Excursions

I give permission for my child to participate in any local on-foot excursions. I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical treatment as may be deemed necessary. (e.g. walk to park, curriculum visit to shops etc.

Please circle: YES NO

PG rated Movies and App permission.

I give permission for my child to watch and interact with materials rated PG (Parental Guidance Recommended) at the school's discretion.

Please circle: YES NO

Privacy

Courtenay Gardens Primary School has directed me to view the School's privacy policy via the following link:
<https://www.cgps.vic.edu.au/source/Policies/SchoolsPrivacyPolicy-ForParents-English.pdf>

Please circle: YES NO

I certify that the information within this form is true and correct and consent/ non consent is given as indicated above and I will notify the school if there are any changes to the permissions granted above.

Signature of Parent/ Guardian _____

Date _____