Dear Parent/Carer

We update our student and family records annually for **every child**. Please complete the parent contact and emergency details for **each child** (even if these have not changed recently) so we are able to check our records for correct details in our files. Could the form indicating consent for your child to participate in the listed activities and medical information also be completed.

**Student Name**…………………………………………

☐ I give permission for my child to participate in Child Protection lessons.

☐ I do not want my child to participate in Child Protection lessons.

Photographs are regularly taken of individual students or classes at school events both inside and outside of the school. These may be displayed within the school, on the school website and in publicly accessible communications (eg. Facebook page).

☐ I give permission for my child to be photographed and these images to be used to promote the school.

☐ I do not give permission for my child’s photograph to be published

Opportunities may arise where students are interviewed by local media with regards to their involvement in specific activities with the school such as in the Area News school pages or on local television.

☐ I give permission for my child to be interviewed by local media about school events under the supervision of Yoogali PS staff.

☐ I do not give permission for my child to be interviewed.

Scripture classes are conducted each Thursday by approved persons. Please indicate which scripture class you would like your child to attend.

☐ Catholic ☐ Protestant ☐ Non Scripture

**Parent/Carer Name**…………………………………………

Parent/Carer Signature…………………………………           Date……………..