

PARENTAL CONSENT

Child's name: _____

Class:

I give permission for my child to go off site within a 1 or 2 mile radius as part of their learning during school time when appropriate

Signed: _____

Date:

I give permission for my child to watch PG rated films/clips as part of their learning during school time when appropriate (Year 3 and above).

Signed: _____

Date:

I give permission for my child to have their photograph(s) taken including individual and class photos.

Signed: _____

Date:

I give permission for my child to have their photograph(s) published as appropriate on school website, leaflets or newspaper

Signed: _____

Date: