



PARKHURST STATE SCHOOL

Principal - Lyle Walker

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Parental/Guardian Consent for Voluntary Student Participation in Chaplaincy Program at Parkhurst State School

Parent/Guardian Name/s	
Student Name (in full)	
Student Name (in full)	
Student Name (in full)	
Student Name (in full)	

This school community provides a chaplaincy program endorsed by the school's Parents and Citizens' Association and available on a voluntary basis to all students. The chaplain is involved in a range of activities which happen at this school which are free of religious, spiritual and/or ethical content. These activities are available to all students on a voluntary basis unless a parent or guardian requests in writing that this is not to occur for their child/ren.

Chaplains may also be involved in activities with religious, spiritual and/or ethical content and additional consent is sought from parent/guardians for these specific activities.

Information about the school's chaplaincy program is on the school's website. Prior to commencement of any additional activities with religious, spiritual and/or ethical content in the school, parents/guardians will be advised through the school newsletter and website.

<p>Voluntary Student Activities <u>without</u> Religious, Spiritual and/or Ethical Content.</p> <p>These activities are available to students on a voluntary basis if a parent or guardian has given consent in writing.</p> <ol style="list-style-type: none"> Sporting programs – participating and coaching as appropriate Mentoring program – talking about bullying and other relevant issues with children/staff Breakfast Club – possible program for the future as approved by P&C <p>Please tick <u>one</u> of the boxes below:</p> <p><input type="checkbox"/> I give my consent for my child/ren to participate in these activities</p> <p><input type="checkbox"/> I do not give my consent for my child/ren to participate in these activities.</p>	<p>Voluntary Student Activities <u>with</u> Religious, Spiritual and/or Ethical Content.</p> <p>These activities are available to students on a voluntary basis if a parent or guardian has given consent in writing.</p> <ol style="list-style-type: none"> One-to-one meeting with children for spiritual support – if need arises (A different form will be sent home for parental consent if a child requests One-on-one meetings) <p>Please tick <u>one</u> of the boxes below:</p> <p><input type="checkbox"/> I give my consent for my child/ren to participate in these activities.</p> <p><input type="checkbox"/> I do not give my consent for my child/ren to participate in these activities.</p>
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- I understand that, where I agree that my child/ren can participate in the chaplaincy program, this information will be passed on to the school chaplain.

Parent/Guardian's Signature _____

Date ____/____/2014

Office Use - Retain original in student's file and provide a copy of notice to the Parent/Guardian.