



# Taylors Lakes Primary School No. 5258

STUDENT: \_\_\_\_\_

GRADE: \_\_\_\_\_ I.D. NUMBER

PAYMENT FOR: \_\_\_\_\_

AMOUNT: \$  :

Cash

Cheque

Please tick)

*I hereby give permission for my child to attend the school activity as mentioned overleaf.*

*I authorise the teacher in charge of the activity to consent where it is impracticable to communicate with me to my child receiving such medical or surgical treatment as may be deemed necessary and payment of any expenses thus incurred.*

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT NUMBER/S: \_\_\_\_\_