



OUT OF SCHOOL VARIATION TO SCHOOL ROUTINE PERMISSION FORM

I/we give permission for my/our child _____ to attend the following outings and to participate in all the associated scheduled activities during 2018 and until further permission is sought in 2019.

Please tick the following boxes:

| | |
|---|---|
| <input type="checkbox"/>Movies <input type="checkbox"/>Shopping <input type="checkbox"/>Parklands | <input type="checkbox"/>Local sporting venues <input type="checkbox"/>Local recreational venues <input type="checkbox"/>Museum/Arts Council |
|---|---|

I/we understand that I/we will be notified of any variation to school routine beforehand.

I/we understand that my/our child _____ will be bound by the rules and policies of The Glenleighden School while attending these outings.

Parent/Guardian signature _____ Date ___/___/___

Parent/Guardian signature _____ Date ___/___/___

I/we hereby authorise staff of The Glenleighden School to seek medical attention for my child (if required) and I/we understand that I/we will be informed of any incidents as soon as practicable.

Parent/Guardian signature _____ Date ___/___/___

Parent/Guardian signature _____ Date ___/___/___

My/our contact details are: *(Please indicate hours and days of work if appropriate)*

| | Parent 1 | Parent 2 |
|--------------|----------|----------|
| Phone (home) | | |
| Phone (work) | | |
| Mobile | | |

My child's Medicare No. is:

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

Valid to :

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