



PARENTAL CONSENT FORM

Student name:

Student surname:

APPROVAL TO CHECK FOR HEAD LICE

- **I give permission / I do not give permission** for my child to be checked for head lice by approved staff.
(Please circle your choice)

PARENT/GUARDIAN SIGNATURE:DATED: ___ / ___ / ____

** Please note this authority remains current until your child leaves Maldon Primary School or you contact the Principal to revoke the authority.*

LIBRARY PERMISSION

Children visit the library once a week and have the opportunity to borrow books to take home. The loan period is for two weeks. Any borrowed books that are lost will incur a replacement cost.

- **I give permission / I do not give permission** for my child to borrow library books to take home and understand that I will be responsible for paying a replacement cost for any books lost.
(Please circle your choice)

PARENT/GUARDIAN SIGNATURE:DATED: ___ / ___ / ____

** Please note this authority remains current until your child leaves Maldon Primary School or you contact the Principal to revoke the authority.*

PG MOVIE PERMISSION

From time to time teachers may wish to show a PG movie to their class. Due to the fact that the movie is rated PG, your child needs to have signed permission to watch it.

- **I give permission / I do not give permission** for my child to watch a PG movie as selected by their teacher.
(Please circle your choice)

PARENT/GUARDIAN SIGNATURE:DATED: ___ / ___ / ____

** Please note this authority remains current until your child leaves Maldon Primary School or you contact the Principal to revoke the authority.*

Thank you for taking the time to complete this parental consent form as part of your child's enrolment.