

Parental/Guardian Consent for Voluntary Student Participation in Chaplaincy Program

Parent/Guardian Name/s	
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.

Voluntary Student Activities without Religious, Voluntary Student Activities with Religious, Spiritual and/or Ethical Content Spiritual and/or Ethical Content These activities are available to students on a These activities are available to students on a voluntary basis if a parent or guardian has given voluntary basis if a parent or guardian has given consent in writing. consent in writing. "Playspace" (This is a lunchtime social "Seasons' Grief and Loss Program" (This is interaction group run in co-operation with the a peer support program developed by school's Guidance Officer) CentaCare which aims to support children who "Friends for Life" (This is a resilience have lost loved ones through, death, divorce or separation.) building program.) "Shine Program" (This is a girls only program Participation in School Camps designed to enhance and develop self esteem.) **Excursions** Ad hoc responses to parent requests for support. "Frienz" (This is a peer support program to develop healthy friendships.) Please tick one of the boxes below: Please tick one of the boxes below: □ I give my consent for my child/ren to participate in ☐ I give my consent for my child/ren to participate in these activities these activities. I do not give my consent for my child/ren to □ I do not give my consent for my child/ren to participate in these activities. participate in these activities.

□ 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's Signature _____ Date ____

Office Use:

Retain original in student's file and provide a copy of notice to the parent/guardian.