

PO BOX 108
29 Wallace St
Balaklava SA 5461
Phone: (08) 88621660 Fax: (08) 88621009
e-mail: info@balakr7.sa.edu.au

These permissions will be valid for the entire time your child is a student at Balaklava Primary School. They can be varied at any time by written, signed notification.

I (parent/caregiver name) .....

CONSENT to (student name) .....

1. Taking part in local education excursions within 5kms of the school eg. down the street, The Triangle, Balaklava Town Hall, Mill Court, local halls etc.

Yes/No Parent / Caregiver signature .....

2. Taking part in denominational religious education seminars (usually held each term)

Yes/No Parent / Caregiver signature .....

3. Be photographed, either individually or in a group, whether it is for school purposes, publications or as part of the activities undertaken by a commercial photographer selected by the school.

(I understand that this is a general consent intended to aid organisation at the school and that does not commit me to accepting, with a view to purchase, any photographs that may subsequently be taken of my child)

Yes/No Parent / Caregiver signature .....

4. Be included photographically in electronic and print media, including digital videos for internal and external school purposes eg BPS website, Newsletter, The Plains Producer, DECS publications.

Yes/No Parent / Caregiver signature .....

5. Consent to head lice checks as necessary. I understand any such check will be conducted sensitively. (For additional information see notes under Head Lice in the Information pack)

Yes/No Parent / Caregiver signature .....

6. To walk with a dental assistant to visit the school dentist Dr R Bickmore for their free dental care. Initial visit is an examination only, with a letter going home to parents if any treatment is required.

Yes/No Parent / Caregiver signature .....

Yours sincerely,
Dale Gathercole
Principal