



<b>ADDITIONAL CHILDREN</b>					
Surname :		First Name(s):		Preferred Name:	
Date of Birth (cert/passport required):		Gender:	Year Level:	Medical Information:	
Surname :		First Name(s):		Preferred Name:	
Date of Birth (cert/passport required):		Gender:	Year Level:	Medical Information:	

**PERMISSION AND CONSENT DETAILS**

I give permission for my child/children to attend all Education Outside the Classroom Trips (E.O.T.C.) Individual permission will be sought for overnight trips/excursions in high risk situations. YES/NO

I give permission for my child's/children's photograph images to be published on the CTMS school website, school newsletter or any school approved publication. YES/NO

I give permission for my child/children to use the school computers and internet within the constraints of the school's Digital Citizenship and Online Safety Agreement. My child will not bring disks or usb sticks to school, neither will my child use the computer without supervision. YES/NO

I give permission for my child/children to undergo vision and hearing testing. YES/NO

I give permission to seek medical attention in the event of an emergency, or being unable to contact you. YES/NO

I give permission for our contact details to be included in the parent/child address and telephone list so families can arrange playdates. YES/NO

Are there any special abilities/needs/issues the school should be aware of concerning your child/children? :

Parent's signature

Date: