

Wilson State School

429 Bridge Street, Wilsonton

Phone - 46371222

Postal Address – PO Box 9659, Wilsonton Q 4350

Email - principal@wilsonss.eq.edu.au



PERMISSION FOR STUDENT ACTIVITIES

<i>I hereby give permission for my child for the following activities for the duration of their attendance at Wilson State School</i>	YES	NO
To participate in school photographs, videos or DVD production that may be used in the media or for promotional school material including but not limited to being used on the school's external electronic sign, in the newsletter and on the school's Facebook page.		
To participate in the school community chaplaincy program endorsed by the school's P & C Association and available on a voluntary basis to all students – e.g. Breakfast club, coaching of sporting teams, mentoring programs, outdoor education activities etc		
To participate in the chaplaincy program activities that have religious, spiritual and/or ethical content for specific purposes e.g. One-to-one meeting for religious and spiritual support, prayer meetings, school performances by Christian bands etc		
I understand that where I agree above that my child can participate in the chaplaincy program, the information will be passed on the school chaplain		

Parent Signature _____ Date _____