



**Parental/Guardian Consent for
Voluntary Student Participation in Chaplaincy
Program at Harlaxton State School**

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.

Please tick one of the boxes below:

- I give my consent for my child/ren to participate in these activities
- I do not give my consent for my child/ren to participate in these activities.

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.

<p>Voluntary Student Activities with Religious, Spiritual and/or Ethical Content</p> <p>These activities are available to students on a voluntary basis if a parent or guardian has given consent in writing.</p>
<p style="text-align: center;"><i>One on one meeting with the Chaplain for spiritual support (if required).</i></p>

Please tick one of the boxes below:

My child/ren as listed above

- has/have my consent to participate on a voluntary basis in activities within the program of chaplaincy services which have religious, spiritual and ethical content. I understand that this consent is inclusive of all such activities and remains operational unless I advise the school otherwise in writing.
- do/does not have my consent to participate on a voluntary basis in activities within the program of chaplaincy services which have religious, spiritual and ethical content.

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.