

# Paynesville Primary School - 2024

## 3.30pm -4.30pm After School Consent Form - Parent\Guardian

School\Out of School Hours Care Service (OSHCS) details: - 3.30pm -4.30pm

School or OSHCS Name

PAYNESVILLE PRIMARY SCHOOL

Please tick days attending:  Tuesday  Thursday

**Child/ren details:** To be completed by Parent\Guardian. PLEASE USE CAPITALS  
Please include **all children** who are participating in the Active After-school Program this term.

|         |                      |                      |   |
|---------|----------------------|----------------------|---|
| Child 1 | First name           | Last name            | Sex (circle one)                                      |
|         | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> M <input type="checkbox"/> F |

|                      |   |                          |
|----------------------|---|--------------------------|
| Date of birth        | Is child of Aboriginal or Torres Strait Islander origin? (circle one) | School Year (eg. Year 4) |
| <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No              | <input type="text"/>     |

|         |                      |                      |   |
|---------|----------------------|----------------------|---|
| Child 2 | First name           | Last name            | Sex (circle one)                                      |
|         | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> M <input type="checkbox"/> F |

|                      |   |                          |
|----------------------|---|--------------------------|
| Date of birth        | Is child of Aboriginal or Torres Strait Islander origin? (circle one) | School Year (eg. Year 4) |
| <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No              | <input type="text"/>     |

|         |                      |                      |   |
|---------|----------------------|----------------------|---|
| Child 3 | First name           | Last name            | Sex (circle one)                                      |
|         | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> M <input type="checkbox"/> F |

|                      |   |                          |
|----------------------|---|--------------------------|
| Date of birth        | Is child of Aboriginal or Torres Strait Islander origin? (circle one) | School Year (eg. Year 4) |
| <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No              | <input type="text"/>     |

**PARENT\GUARDIAN details:** To be completed by Parent\Guardian. PLEASE USE CAPITALS

|                            |                           |                               |
|----------------------------|---------------------------|-------------------------------|
| Parent\Guardian first name | Parent\Guardian last name | Relationship to the child/ren |
| <input type="text"/>       | <input type="text"/>      | <input type="text"/>          |

|                            |  |
|----------------------------|--|
| Home landline phone number | Work landline phone number (if applicable) |
| <input type="text"/>       | <input type="text"/>                       |

Mobile phone number (if applicable)

I wish for my child to participate in this program.

Name

Signed  Date