

# Kellyville Public School

*A tradition of excellence and opportunity*



Students

Name: \_\_\_\_\_

**Additional Enrolment Information**

Family Name: \_\_\_\_\_

## **Scripture Classes**

Our school offers all students a 40 minute scripture class each week. A visiting teacher will conduct the lessons.

Students who do not have permission to attend are withdrawn and placed in a Non-Scripture class. They will be supervised in this class.

I give permission for my child to attend scripture classes and would like for my child to attend:

- Catholic
- Combined Christian
- Muslim
- I do not give permission for my child my child to attend scripture

## **Medical Information**

Minor scrapes and cuts do occur when dealing with children. These are treated within our school sickbay. We would like your permission to administer minor treatment.

I give permission for my child to be treated with:

- Stingose
- Pawpaw Cream
- Band-aids

Parent/Guardian

Name

Signature

Date