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**2019 ICAS/REACH Permission Form**

**Please return this form with your payment, to school no later than Tuesday 26th March**

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|  | of |  |

I give permission for ­­­­­­­­­­­­­­­­­ *Child’s name Class*

to participate in the following 2019 ICAS/REACH assessments.

Please select the subjects you would like your child to participate in:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject/Paper** | **Year Level** | **Official Sitting Date** | **Participation Fee (incl. GST)** | **Fee Enclosed** |
| Digital Technologies |  | 6 - 10 May 2019 | **$9** |  |
| Science |  | 27 - 31 May 2019 | $9 |  |
| Writing |  | 17 - 21 June 2019 | $18 |  |
| Spelling |  | 17 - 21 June 2019 | $12 |  |
| English |  | July - 2 August 2019 | $9 |  |
| Mathematics |  | 5 - 9 August 2019 | $9 |  |
|  |  |  | **TOTAL** |  |

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Please find enclosed for payment of the total fee. *Amount*

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Name of Parent/Guardian Date

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Signature of Parent/Guardian