

# Mukinbudin District High School

## An Independent Public School

A: White Street, Mukinbudin, WA 6479 | P: 90483 400  
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### PARENT/GUARDIAN CONSENT FORM

<b>CONSENT FORM FOR</b>	<b>STEM Challenge Day – Bencubbin Primary School</b>
<b>TO BE RETURNED TO CLASS TEACHER BY</b>	<b>Friday 13<sup>th</sup> August, 2021</b>

#### CONTACT INFORMATION

Home	Work	Mobile
Other		
I have read and understood the information regarding the excursion on <b>Friday 20<sup>th</sup> August, 2021</b> give my consent for my son/daughter _____ to attend.		
Parent/Guardian Name _____		Parent/Guardian Signature _____

The following details have changed from those recorded for my child (please complete for any changes in phone numbers, address, medical information etc):

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