

# Sporting in Schools – Parent\Guardian Consent Form

## Sporting in School details: Golf

School or OSHCS Name

TOOLAMBA PRIMARY SCHOOL

Activity(s) being delivered

Term

3

Activities

Golf: 3:15pm – 4pm (45 minutes)  
WEDNESDAY 4<sup>th</sup> 11<sup>th</sup> 18<sup>th</sup> and 25<sup>th</sup> of August

### Child/ren details: To be completed by Parent\Guardian. PLEASE USE CAPITALS

Please include **all children** who are participating in the Sporting in Schools Program this term.

Child 1

First name

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Last name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sex (circle one)

M F

Date of birth

d	d	m	m	y	y	y	y
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Is child of Aboriginal or Torres Strait Islander origin? (circle one)

Yes	No
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School Year (eg Year 4)

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Child 2

First name

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Last name

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Sex (circle one)

M F

Date of birth

d	d	m	m	y	y	y	y
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Is child of Aboriginal or Torres Strait Islander origin? (circle one)

Yes	No
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School Year (eg Year 4)

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Child 3

First name

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Last name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sex (circle one)

M F

Date of birth

d	d	m	m	y	y	y	y
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Is child of Aboriginal or Torres Strait Islander origin? (circle one)

Yes	No
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School Year (eg Year 4)

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### Parent\Guardian details: To be completed by Parent\Guardian. PLEASE USE CAPITALS

Parent\Guardian first name

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Parent\Guardian last name

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Relationship to the child/ren

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Does your household speak any languages other than English at home? (circle one)

Yes No

If yes, what other languages?

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Postal address

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Suburb/town

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Postcode

--	--	--	--	--	--

State/Territory

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Home landline phone number

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Work landline phone number (if applicable)

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Mobile phone number (if applicable)

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**Please turn over**

