|  |  |
| --- | --- |
| D:\Users\Narelle Messerle\Desktop\Desktop\Launch LOGO.jpg | **Launching Place Primary School**  20A Carter Street  Launching Place  Victoria 3139  PH 0359647783  [launching.place.ps@edumail.vic.gov.au](mailto:launching.place.ps@edumail.vic.gov.au) |

Each class has 1 or 2 Class Representatives who facilitate regular communication between teachers and parents.

Dear Parent /Guardians,

Launching Place Primary School (LPPS) prides itself on constantly striving to provide our students with a learning experience that of a high standard. The involvement of parents in the life of a school helps promote a healthy, interactive and engaging learning environment for staff parents/guardians and most importantly for students.

With this in mind our Class Representative Program aims to enhance communication and engagement between teachers and Parent/guardians, to more actively support learning in the home environment.

Each class has 1 or 2 Class Representatives who facilitate regular communication between teachers and parents.

When you ‘opt in’ to the program, your Class Representative will add your details to the Class Contact List which is distributed to all the families in the class at the start of the year.

If you require any further information on the Class Representatives Program, please contact our Program Coordinators, Naomi Van der Zweep [naomi\_isobel@hotmail.com](mailto:naomi_isobel@hotmail.com) / Ashleigh O’Neill [aroneill89@gmail.com](mailto:aroneill89@gmail.com)

\*By ‘opting in’ to the Program you agree that your contact details can be shared with other parents in your class. These contact details are used for the purposes of the Class Representatives Program only. Any issues outside of the Program need to be raised directly with the teacher or School Principal.

Please note you are ‘opting in’ to the Program for the time your child is a student at LPPS. If at any stage you wish to ‘opt out’ of the Program, please contact the school office at launching.place.ps@education.vic.gov.au

**Launching Place Primary School**

**Class Representative Program ’opt in’ Form for 2021**

I consent to ‘Opt In’ to the Class Representatives Program at Launching Place Primary School for 2021.

I consent for my details to be shared with the class.

Parent Name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/s Details: Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_