|  |
| --- |
| The Victorian High-Ability Program. |
|  |
| I confirm that:   1. the procedures required for the program and the time involved for my child’s participation in the program have been explained to me, and any questions I have about the program have been answered to my satisfaction; 2. I have read the Parent Prospectus and understand what is involved in the program; 3. I have discussed participation in the program with my child and they are willing to take part; 4. My child’s participation is voluntary and they are free to withdraw from the program at any point; 5. My child’s anonymity is preserved and they will not be identified in publications or otherwise without my express written consent; |
| Name of person providing consent:  Student name:  Relationship to child:  Signature:  Date: |
| Please complete this form and return to the High-Ability Practice Leader at Hampton Park Secondary College. |