CHAPLAINCY PROGRAM

Parent/Guardian Consent

Student Name: _________________________________________________________________________

This school community provides a chaplaincy program endorsed by the School’s Parents and Citizens Association and available on a voluntary basis to all students. The chaplain is involved in a range of activities which happen at this school which are free of religious, spiritual and/or ethical content. These activities are available to all students on a voluntary basis unless a parent or guardian requests in writing that this is not to occur for their child/ren.

Chaplains may also be involved in activities with religious, spiritual and/or ethical content and additional consent is sought from parent/guardians for these specific activities. Prior to commencement of any additional activities with religious, spiritual and/or ethical content in the school, parents/guardians will be advised through the school newsletter and website.

Options for Voluntary Student Activities without Religious, Spiritual and/or Ethical Content.

These activities without religious, spiritual and/or ethical content provided at the school through the chaplaincy program are available to students on a voluntary basis if a parent or guardian has given consent in writing.

Some examples are but not limited to include breakfast clubs, coaching sporting teams, mentoring programs, outdoor education programs, one-to-one meeting with the chaplain for support, lunch time activities, support school camps.

Please tick one of the boxes below:

☐ I give my consent for my child to participate in these activities
☐ I do not give my consent for my child to participate in these activities.

Options for Voluntary Student Activities with Religious, Spiritual and/or Ethical Content.

These activities with religious, spiritual and/or ethical content provided at the school through the chaplaincy program are available to students on a voluntary basis if a parent or guardian has given consent in writing.

Some examples are but not limited to include one-to-one meeting with the chaplain for religious and spiritual support, groups visiting the school for performances e.g. support programs for students.

Please tick one of the boxes below:

☐ I give my consent for my child to participate in these activities.
☐ I do not give my consent for my child to participate in these activities.

I understand that, where I agree that my child can participate in the chaplaincy program, this information will be passed on to the school chaplain.

PARENT/GUARDIAN NAME: _____________________________________________________________

PARENT/GUARDIAN SIGNATURE: _________________________________________ DATE:             /           /