To Parents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class/Pastoral \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**DETAILS OF EVENT - Please keep top section for your information.**

DATE OF EVENT: “Even week” Wednesday afternoons – see attached dates

DESTINATION: Creative Writer’s Group

RUNNING TIME: 3:10pm- 4:10pm

COST PER PUPIL : Nil

CONTACT STAFF ORGANISER: Megan Wyche

NO PERMISSION FORMS WILL BE ACCEPTED AFTER: Wednesday July 26

OTHER DETAILS:

If the creative writer’s group is varied or cancelled you will be notified via email.

Teacher Name Megan Wyche

***PLEASE DETACH THIS PART AND RETURN IT TO Megan Wyche***

**CONSENT FORM**

As a parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastoral \_\_\_\_\_\_\_\_\_\_

I give my consent for him/her to participate in :Creative Writer’s Group

and agree to delegate my authority to the staff and instructors involved. I understand that teachers will take whatever disciplinary action is needed to ensure students' safety.

I authorise teachers to seek medical attention if needed and agree to pay any medical expenses incurred on behalf of the above student.

Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian

**STUDENT COMMITMENT**

I agree to abide by the provisions of this event and to comply with the instructions of the teachers. I will be of good behaviour.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Student