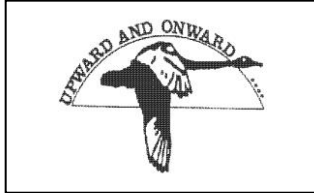


Seaford North Primary School - No. 4974



Hallifax Street
PO Box 305
SEAFORD 3198
ABN: 76 351 050 732
Telephone: 9786-5674
Fax No: 9786-6137

Email: seaford.north.ps@edumail.vic.gov.au

Web Page: www.seaford-northps.vic.edu.au

February, 2015

Dear Parents / Guardians,

At the commencement of School we require the attached forms signed, the Head Lice Permission form is giving the school permission to check your child's hair for head lice or eggs.

The photo form is giving the school permission to put your child's photo in Newsletters, on the school Website etc. and also on pamphlets for school advertising or in Local or state Newspapers.

The attached forms last for the duration of your child's schooling at Seaford North, if your situation changes and you wish to alter any of the permission forms, notify the Office of the change you wish to make.

We would appreciate your co-operation sending the signed forms back to the school office as soon as possible.

Thanking you in anticipation.

Lee Murnane

Principal

SEAFORD NORTH PRIMARY SCHOOL

PARENT/GUARDIAN STUDENT PERMISSION

STUDENT NAME: Grade:

ONGOING PERMISSION

Please indicate YES or NO by circling one only. A circle of the YES box will grant **ongoing permission** by Parent/guardian while student attends Seaford North Primary School and will not be withdrawn unless the school is notified in writing.

I consent to:

Publication of my child's work, photos of my child and my child's first name in: Local / State Newspaper School Advertising Newsletter Web Site www.seaford-northps.vic.edu.au	YES	NO
Display of multimedia productions involving my child, my child's work and first name on the Seaford North Primary School's: Foyer T.V. Intranet site Internet site at www.seaford-northps.vic.edu.au Phone App.	YES	NO

I certify that the information contained within this form is correct.

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN SIGNATURE:

DATE:

