**YEPPON STATE SCHOOL STUDENT PERMISSION**

**FAMILY NAME:** ________________________________

**FIRST NAME / NAMES:** ________________________________

* Please note that this permission is applicable to the student’s whole of school life while attending Yeppoon State School. Any changes to any permission must be instigated by the parent or guardian of the student. (Written notice)

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### Publicity Permission
From time to time, our school has the opportunity to submit articles regarding our school and student achievements as well as some of the events that occur at the school. These articles can be submitted to:

- ☑ School Newsletter / School Website
- ☑ Newspapers
- ☑ Shopping Centre
- ☑ Television
- ☑ Student Portfolios
- ☑ Other Media / Publicity

This may involve student name and/or photographs, therefore it is necessary for the school to gain parental permission for this type of publicity.

- □ DO / □ DO NOT give permission for my child’s /children’s name/s, photo or school work to be published or displayed.

Parent/Caregiver’s Signature: ________________________________ Date: ____/____/_______

### Responsible Behaviour Plan for Students

- □ I have received a copy of the Responsible Behaviour Plan for Yeppoon State School and am aware of the expectations of the school, and agree to support the expectations of the school.

Parent/Caregiver’s Signature: ________________________________ Date: ____/____/_______

### Swimming

- □ I grant permission for my child / children to participate in swimming activities and agree to the delegation of authority to the staff and/or instructors involved.

Parent/Caregiver’s Signature: ________________________________ Date: ____/____/_______

### Religion

- □ I grant permission for my child / children to attend religion:
  - ☑ Catholic
  - ☑ Combined Religion (Ecumenical)

  I understand that my child /children will attend the Virtues Program with a teacher during religion allocated class time if permission is not granted.

Parent/Caregiver’s Signature: ________________________________ Date: ____/____/_______

### Sunscreen

- □ I grant permission for my child / children to self administer sunscreen when required from the office.

Parent/Caregiver’s Signature: ________________________________ Date: ____/____/_______

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Thank you for taking the time to complete these Permissions.