

College Administration, 138 Burn Street CAMP HILL QLD 4152 P.O. Box 42 CARINA QLD 4152 Ph (07) 3900 8333 Fax (07) 3900 8300

Email principal@whiteshillsc.eq.edu.au Web www.whiteshillsc.eq.edu.au

International Office Phone: (07) 3900 8318 / 3900 8319 International Office Fax: (07) 3102 8593

Consent Form

Student Participation in Chaplaincy Program at Whites Hill State College

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. Information about the school's chaplaincy program is on the school's website. The chaplain is involved in a range of activities at this school which are free of religious or spiritual content.

Parent consent, or in some cases, the student's consent is required for participation in specific activities with religious or spiritual content. If the principal decides that the student has the appropriate level of maturity and understanding to give informed consent, the student must sign this form themselves. Otherwise, the parent must sign the form on the student's behalf.

Pleas	e complete the form below:		
Pare	nt Name/s		
Stud	ent Name (in full) ent Name (in full) ent Name (in full)		
The fo	ollowing voluntary student activities	vith religious or spiritual content require written consent:	
(a)	I give consent for this student to participate in activities with religious or spiritual content. \Box		
(b)	I understand that, where I agree that the student can participate in the chaplaincy program this information will be passed on to the school chaplain. \Box		
OR, if		for the student to participate in the above activities plea	se
(c)	I do not give consent for the student to participate in activities with religious or spiritual conter		
	DO wish to give consent for this s ND (b):	udent to participate in the above activities, please tick box	es
	chool newsletter and website will nt in the school, prior to commence	advise of any additional activities with religious or spiritunent.	Ja
Paren	t Signature	Date	
Stude	nt Signature (if appropriate)	Date	
Privacy I	Notice		

The Department of Education and Training is collecting student's personal information in order to determine student participation in the school's Chaplaincy Program. This information will only be accessed by the school principal and, if the student is participating in the program, the school chaplain. Student's personal information will be recorded, used and disclosed in accordance with s.426 of the Education (General Provisions) Act 2006 (Qld) and will not be given to any other person or agency unless you have given the department permission or the disclosure is otherwise required or permitted by law.

Office Use

Retain original in student's file and provide a copy of notice to the parent.