

# Springfield Central State High School

*Believe Belong Become*

## External Pathways Course – Parent Consent

Student Name \_\_\_\_\_

Course Name \_\_\_\_\_

I \_\_\_\_\_ (Parent/Guardian) have read the above information about participation in an external pathways course and would support my child to pursue this pathway.

In particular I understand that

- VET IS funding will be granted for one eligible certificate 2 course only
- Transport to and from the course is a family responsibility
- Absences must be reported to the course provider and Pathways office
- Exam conflicts need to be reported as soon as known so alternate arrangements can be negotiated

Parent Name

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

\_\_\_\_\_

[www.springfieldcentralshs.edu.au.au](http://www.springfieldcentralshs.edu.au.au)

90 Parkland Drive, Springfield Qld 4300 PO Box 4787, Springfield Qld 4300 T 07 3470 6222

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