2024 PARENT CONSENT

EXTERNAL PATHWAYS COURSE



| PARENT CONSENT | | | |
|---|--|--|--------------------------------------|
| 1 | (Parent/Gu | ardian) would like to enrol r | my student |
| | in | | (course name). |
| | | | |
| I understand that: | | | |
| Transport to and from the Unplanned absences (eg. Planned absences (eg. arrangements can be not students must follow the times Students must follow all it was any issues or concerns of the times | nted for one eligible certificate I ne course is a family responsibility e.g. illness) must be reported to the exam on course day) must be reported via Qlearn ISL Page e school core values (respect, resinduction and safety requirement about the course should be reported \$55 uniform fee MUST be paid | e course provider and Senior ported as soon as known so dilience, relationships and resp ats as instructed tted to the Pathways office | alternative ponsibilities) at all |
| The subject my student (leave blank if unknown) Subject 1: Subject 2: | wishes to cease and change : | to an Independent Study | Line (ISL) is |
| SIGNATURES | | | |
| Parent/Carer Name: | | | |
| Parent/Carer Signature: | | Date : | / |