

# Springfield Central State High School

*Believe Belong Become*

## USQ Head start 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

- This is a university course and the work load can be up to 15 hours a week
- Transport to and from the course is a family responsibility
- Absences must be reported to the course provider and Pathways office
- Course day conflicts ( e.g. school exam or excursion) 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)

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