Philip Highway ELIZABETH SA 5112

student NAME

email dl.0910.info@schools.sa.edu.au phone 8255 7566 fax 8287 1113 web playford.sa.edu.au

AS A PARENT / LEGAL GUARDIAN / CAREGIVER OF :

Student NAME	
1:	
parent / legal guardian / caregiver NAME	
	!

Give my consent for early dismissal under the following conditions:

Up to 1 hour before the normal end of the school day:

- on the last school day before the Easter long weekend;
- no more than 4 times a year for the purpose of the end of school terms;
- for the purpose of an annual school sports day;
- for the purpose of an annual district wide sport carnival; and
- in the event of an extreme heatwave declared by the State Emergency Services, or where the health and safety of the children at the school are considered at risk due to the absence, localised failure or poor performance of air conditioning on days of extreme heat (36° or above).

Parents will be notified (minimum 1 month) of the reason, time, and date of the above early dismissals through the normal communication channels used between the school and parents, including, but not limited to, school newsletters and the school website (see *playford.sa.edu.au/parents/important-dates/*).

For early dismissals relating to "extreme heat" scenarios parents will be notified as soon as possible before students are dismissed.

AGREEMENT

 I agree and acknowledge that my consent (if provided) will remain active / in place for the entire time my child is enrolled and attending the school unless I withdraw it by notifying the principal (or delegate) either in writing or by telephone.

parent / legal guardian / caregiver SIGNATURE	DATE