

Dayboro State School

58 McKenzie Street, Dayboro 4521

Telephone (07) 3425 6111

Principal: Garry Drummond

Deputy Principal: Karen Ryan



Celebrating 147 years of quality education in 2021

Form 6.0 - Voluntary Participation in School Chaplaincy Program

Parent/Guardian Name/s			
Student Name (in full)		Year Level:	
Student Name (in full)		Year Level:	
Student Name (in full)		Year Level:	

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. The chaplain is involved in a range of activities which happen at this school which are free of religious, spiritual and/or ethical content. These activities, which include alternate education programs are available to all students on a voluntary basis unless a parent or guardian requests in writing that this is not to occur for their child/ren.

Please tick one of the boxes below:

- I consent for my child/ren to participate in these activities
- I do not consent for my child/ren to participate in these activities.

Chaplains may also be involved in activities with religious, spiritual and/or ethical content and additional consent is sought from parent/guardians for these specific activities.

Information about the school's chaplaincy program is on the school's website. Prior to commencement of any additional activities with religious, spiritual and/or ethical content in the school, parents/guardians will be advised through the school newsletter, Facebook and the school website.

Please tick one of the boxes below:

My child/ren as listed above

- Have my consent** to participate on a voluntary basis in activities within the program of chaplaincy services which have religious, spiritual and ethical content. I understand that this consent is inclusive of all such activities and remains operational unless I advise the school otherwise in writing.
- Does not have my consent** to participate on a voluntary basis in activities within the program of chaplaincy services which have religious, spiritual and ethical content.

I understand that, where I agree that my child/ren can participate in the chaplaincy program, this information will be passed on to the school chaplain.

Parent/Guardian Signature: _____

Date: _____