Updated: 08/20



Eyre Peninsula, South Australia

As a parent of:

STUDENT/CHILD'S NAME

Second Street, Cleve South Australia 5640 Phone: (08) 86282104 Fax: (08) 86282511 Email:dl.0753\_info@schools.sa.edu.au

## CONSENT FORM FOR CHIEF EXECUTIVE APPROVED EARLY DISMISSALS

Please use block letters when filling out this form

I:	
PARENT NAME	
give my consent for ther	n to be dismissed early under the following conditions:
<ul> <li>up to 1 hour before weekend;</li> </ul>	ore the normal end of the school day on the last school day before the Easter long
<ul> <li>up to 1 hour beforend of school term</li> </ul>	ore the normal end of the school day no more than 4 times a year for the purpose of the rms;
<ul> <li>up to 1 hour before</li> </ul>	ore the normal end of the school day for the purpose of an annual school sports day;
<ul> <li>up to 1 hour before carnival; and</li> </ul>	ore the normal end of the school day for the purpose of an annual district-wide sport
State Emergency	ore the normal end of the school day in the event of an extreme heatwave declared by the services, or where the health and safety of the children at the school are considered at osence, localised failure or poor performance of air conditioning on days of extreme headove).
	advance (minimum 1 month) of the reason, time and date of the above early dismissals through a channels used between the school and parents, including, but not limited to, school als website.
For early dismissals relating dismissed.	ng to 'extreme heat' scenarios parents will be notified as soon as possible before students are
Agreement	
	ge that my consent (if provided) will remain active/in place for the entire time my child is at the school unless I withdraw it by notifying the principal (or delegate) either in writing or by
Signed <sup>.</sup>	Date: / /

