Parent/Guardian Consent for
Voluntary Student Participation in Chaplaincy Program at Rollingstone State School

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<th>Parent/Guardian Name/s</th>
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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 at this school that are free of religious, spiritual and/or ethical content. These activities can include mentoring, coaching, involvement in sports/games, reading/learning support, conflict resolution, intervention and prevention of bullying and general encouragement that 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 give my consent for my child/ren to participate in these activities

☐ I do not give my 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.

Voluntary Student Activities with Religious, Spiritual and/or Ethical Content
These activities are available to students on a voluntary basis if a parent or guardian has given consent in writing.

1. One-on-one meeting with Chaplain for pastoral, ethical, spiritual or religious support.
2. Group meeting with chaplain for personal, behavioural, emotional or social support.

Please tick one of the boxes below:

My child/ren as listed above

☐ has/have my consent to participate on a voluntary basis in activities within the chaplaincy service that 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.

☐ do/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 may participate in the chaplaincy program, this information will be passed on to the school chaplain.

Parent’s Signature __________________________ Date __________
Office Use:
Retain original in student's file and provide a copy of notice to the parent/guardian.

Refer to SCM-PR-012: Chaplaincy Services in Queensland State Schools at
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