



# SCHOOL POLICY CONSENT FORM



**PARENTS' NAME**.....

**CHILD'S NAME**.....

**D.O.B.**.....

**LIST OF CONSENT :**

- |                               |           |                |
|-------------------------------|-----------|----------------|
| - Allergy Policy              | DATE..... | SIGNATURE..... |
| - Behaviour Management Policy | DATE..... | SIGNATURE..... |

This is to confirm that I \_\_\_\_\_ parent of \_\_\_\_\_ have read and understood the School Policy. By signing this declaration, I agree to respect and follow the school's policy.

DATE..... SIGNATURE.....