



SCHOOL POLICY CONSENT FORM

PARENTS' NAME.....

CHILD'S NAME.....

D.O.B......

LIST OF CONSENT:

- Allergy Policy
- Behaviour policy
- Anti – Bullying Policy
- Head lice Policy
- Policy booklet

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

Date:

Signature:

