

Rotary Residential College Inc.

Providing Quality Accommodation for Country High School Students

STUDENT PERMISSION FORM

Student Name: _____

Year: _____

I / WE GRANT PERMISSION FOR THE ABOVE MENTIONED STUDENT TO:

- | | | |
|---|-----|----|
| 1. Travel on the college bus with staff member who holds current & correct licence | Yes | No |
| 2. Travel on public transport to and from school | Yes | No |
| 3. Travel on public transport at any time to and from outings with staff supervision | Yes | No |
| 4. Walk to and from the local shopping district unsupervised, on permitted days in groups of 3. | Yes | No |
| 5. Attend college outings away from the college | Yes | No |
| 6. While on certain outings, unsupervised for periods but always in a group of 3 | Yes | No |
| 7. Take part in any College, staff-supervised, sporting / social activity. | Yes | No |
| 8. Take part in any School organised, staff approved, sporting / social activity. | Yes | No |
| 9. Go to the swimming pool with staff supervision. | Yes | No |
| 10. Go to the beach and swim in the ocean with minimal supervision | Yes | No |
| 11. Ride a bicycle to and from school (with helmet) without staff supervision. | Yes | No |
| 12. Play sport in local Junior competitions. | Yes | No |

Upper School (Year 11's & 12's only).

Not applicable if your child is lower school (years 7, 8, 9, or 10)

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|--|-----|----|
| 1. Weekend leave - 5hrs unsupervised leave on Saturday and Sunday at a set time. | Yes | No |
| <u>Students must travel in groups of three or more at all times</u> | | |
| 2. Travel on public transport only on weekends during the set leave. | Yes | No |
| 3. Walk to and from local medical appointments only with another student | Yes | No |

Please note: Parents must make arrangements for students to be picked up from the College and returned immediately after training and games by friends, family, the Coach or other responsible adult member of the team.

DECLARATION:

In granting the above permission I / WE accept full responsibility and waive any claims against the Board of Management of The Rotary Residential College Inc or its employees, for any incident resulting from such permission.

I acknowledge that during these times my child must take responsibility for their actions and act in a way that Rotary Residential College requires at all times.

PARENT/GUARDIAN: _____

SIGNED: _____

DATE...../...../.....

Title.	STUDENT PERMISSION FORM		
Index No.	Last Reviewed	Next Review	Review Frequency
	July 2016	July 2017	Annual