



PERMISSION SLIP FOR EXCURSIONS TO OLINDA PRIMARY SCHOOL

Name of Child:

Name of Child:

Parent/Guardian:

Contact No:

I **DO / DO NOT** give permission for my child / children to participate in excursions to Olinda Primary School to use the multi purpose room.

I **agree to sign** the 'sign in register' each time it is planned to use the multi purpose room at Olinda Primary School.

Signed:

Date:
