ARDENNE HIGH SCHOOL COMMUNITY SERVICE

Parent/Guardian Consent Form

As Parent/Guardian of _____ of

Name of Student

_____, I have read and understood the requirement of the Community Service

Class

Programme and hereby give permission for him/her to engage in approved activities to complete the required hours/tasks.

Name of Parent/Guardian _____

Address: _____

_____

Telephone No/s: _____

Email: _____

Signature_____ Date _____

This form must be THOROUGHLY completed and returned to the programme coordinator before the student starts the service.