



Evans High School
Walters Road, Blacktown 2148
Phone 02 96213622
Fax 02 98312747

Chifley College Bidwill Campus
Bunya Road Bidwill 2770
Ph: 98351870/96282222
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Parent/Carer Permission Note

Student Name: _____

School: _____

Parent/ Carer Name: _____

Address: _____

Home Phone: _____

Mobile: _____

Work: _____

Emergency Contact: _____

I understand my son/daughter has been suspended from school.

1. While under suspension, I am responsible for the care and safety of my son/daughter.
2. He/she will travel to and from the **Return to School Centre** located at Evans High School.
3. Full school uniform will be worn when attending the program.
4. He/she will be attending the program from 9:30am until 11:30am as negotiated until the end of the suspension.
5. He/she will work with the Head Teacher *Return to School Centre* to determine strategies for coping successfully in the school environment.
6. He/she will return home after 11:30am.
7. If my child's behaviour is unacceptable I understand that he/she will be sent home. I will arrange for a responsible adult to collect my child and return them home. **If this is not able to be achieved I understand that my child's school will be contacted to arrange for my child to be returned home.**

I have read and understand the information above.

I give permission for my son/daughter _____ to participate in the *Return to School Centre*, offered at Evans High School, for the duration of his/her suspension.

Signed: _____ Date: _____

(Parent or Caregiver)