

**Parent/Guardian Consent for
VOLUNTARY STUDENT PARTICIPATION IN CHAPLAINCY PROGRAM AT
Kawungan State School**

Parent/Guardian Name/s:	
Student Name (in full):	
Student Name (in full):	
Student Name (in full):	

This school community provides a chaplaincy program endorsed by the school's Parents and Citizens' Association and available on a voluntary basis to all students. The chaplain is involved in a range of activities which happen at this school which are free of religious, spiritual and/or ethical content. These activities, which include camps and lunch time sport are available to all students on a voluntary basis unless a parent or guardian requests in writing that this is not to occur for their child/ren.

Please tick one of the boxes below:

- I give my consent for my child/ren to participate in these activities
- I do not give my consent for my child/ren to participate in these activities.

Chaplains may also be involved in activities with religious, spiritual and/or ethical content and additional consent is sought from parent/guardians for these specific activities. Information about the school's chaplaincy program is on the school's website. Prior to commencement of any additional activities with religious, spiritual and/or ethical content in the school, parents/guardians will be advised through the school newsletter and website.

Voluntary Student Activities with Religious, Spiritual and/or Ethical Content.

These activities are available to students on a voluntary basis if a parent or guardian has given consent in writing.

Chaplaincy services promote wellbeing through spirituality and assist the school in creating a culture where core values and morals are embedded as part of a student's socio-emotional wellbeing and development. Services include delivery of new programs relating to behaviour management, ethics, values, relationships, respect & values in education and enhancing engagement with the broader community. Activities include:

- Camps – school Scripture Union and Youth InSearch.
- Pastoral Care (one on one or small group meetings for support/guidance).
- Lunchtime Groups (usually spiritual/religious content) eg., bible study or prayer meeting.
- Visiting Group Performances (drama, dance and music by Christian groups with Christian content.
- Involvement with community networks.

All contact with students with regards to spiritual content are entered into on a voluntary basis by students. All ongoing contact will be preceded by parental contact/permission.

Please tick one of the boxes below:

My child/ren as listed above

- has/have my consent to participate on a voluntary basis in activities within the program of chaplaincy services which have religious, spiritual and ethical content. I understand that this consent is inclusive of all such activities and remains operational unless I advise the school otherwise in writing.
- do/does not have my consent to participate on a voluntary basis in activities within the program of chaplaincy services which have religious, spiritual and ethical content.

I understand that, where I agree that my child/ren can participate in the chaplaincy program, this information will be passed on to the school chaplain.

Parent/Guardian Signature: _____ **Date:** _____

Chaplaincy Voluntary Financial Contribution

Voluntary Financial Contribution

School Chaplaincy is resourced by a Federal Government Grant which supports our school chaplain for two days per week, and by voluntary contributions from the public to cover the remainder of the costs and to resource the chaplain.

- Yes, I wish to make a voluntary financial contribution to Kawungan State School Chaplaincy this year. I understand that this contribution is voluntary, and that the funds are to be used to enhance the Chaplaincy Program.
- I understand that donations over \$2.00 are tax deductible and a receipt/s will be supplied. Please note, you will receive an End of Year receipt for all your donations during the financial year by the 2nd week of January. If you would prefer to receive a donation receipt for each donation, please tick here.

Privacy Statement

Scripture Union Queensland and Kawungan State School Chaplaincy are collecting your personal information for the sole purpose of receipting your donations. Your information will not be given to any other person or agency.

Payment Arrangement

Name of donor(s):

Address:

Suburb:

State:

Postcode:

Phone (w):

Phone (h):

Phone (mob):

Email(s):

Please debit \$_____ for the account each:

- One off Monthly Quarterly Annually Other _____

1. Direct Debit (all direct debit donations are processed on the third Thursday of each month)

Bank Name: _____ Account Name: _____

Bank Branch: _____ BSB: ____ _ . ____ _

A detailed [Direct Debit Agreement](#) will be sent to you prior to the first drawing. A/C: _____

I/We the undersigned request you, Scripture Union Queensland (ID 057 45), to arrange for funds to be debited from my/our nominated account at the financial institution nominated above according to the schedule specified herein.

Signature/s: _____

If debiting from a joint bank account, both signatures are required.

2. Credit Card Deduction

Card issuer: Visa MasterCard Diner AMEX

Name on card: _____

Card Number: ____ _ . ____ _ . ____ _ . ____ _

Expiry Date: ____ / ____ Signature _____

3. Cheque

Simply attach a cheque to this form. Please make cheques payable to "SU Qld School's Ministry Fund"

- Please remind me/us of our pledge with a letter according to my frequency.

All funds to support **Kawungan State School Chaplaincy**