****

**Green Square**

**Supported Return To School Program**

Permission Note

I give permission for my son, daughter or young person under my care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the Green Square Supported Return to School Program until the suspension is resolved.

* I understand that I am fully responsible for my son/daughter’s travel to and from the centre.
* I understand that he/she will be attending the centre between the hours of 9.00am through to 11.30am.
* I understand that my child will return directly home from the centre after classes have finished.
* I understand that my son/daughter’s behaviour and attendance at the centre will be considered at a return to school meeting.
* I understand that my son/daughter must not use any of the Green Square School facilities and must enter and exit the centre via the nominated access.
* I understand that my son/daughter must wear school uniform whilst at the centre.

Signed: .............................

(Parent/Carer)

Date: .............................