



# YEPPOON STATE HIGH SCHOOL

## Consent to leave school without an accompanying parent/carer

I, ..... (parent/carer) give permission for my child to be signed out of school and leave without an accompanying parent.

I, ..... (parent/carer) take full responsibility for my child's behaviour and wellbeing once he/she has been signed out of Yeppoon State High School.

Date leaving: \_\_\_\_\_

Student's full name: \_\_\_\_\_

Student's date of birth: \_\_\_\_\_

Year level: \_\_\_\_\_

Time of departure: \_\_\_\_\_

Expected time of return: \_\_\_\_\_

Destination: \_\_\_\_\_

Reason for leaving: (eg medical apnt; family) \_\_\_\_\_

Person collecting student: (not parent/carer) \_\_\_\_\_

Mode of transport: (eg walking, self-driving; bus) \_\_\_\_\_

Parent/carer's name: \_\_\_\_\_

Parent/carer's signature: \_\_\_\_\_

Date: \_\_\_\_\_