



# Bass High School

ABN. 43518879419

Arundle Road, Bass Hill, 2197

Telephone: 9726 3644

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## HOMEWORK CENTRE PERMISSION SLIP

I, the parent/guardian of \_\_\_\_\_ from Year \_\_\_\_\_, give permission for my child to attend Bass High School's Homework Centre in 2020.

I understand that the Homework Centre will operate in the school Library after school hours on Tuesdays, Wednesdays and Thursdays.

I am aware that my child will be dismissed from the library at the end of the session and will make arrangements for my child to be picked up or travel home independently.

My child has the following ongoing medical condition(s) (eg asthma, epilepsy, etc)

\_\_\_\_\_

My After-School Hours Emergency Phone Numbers are (please provide two phone numbers):



Phone 1: \_\_\_\_\_



Phone 2: \_\_\_\_\_

My name: \_\_\_\_\_

Signature: \_\_\_\_\_ date: \_\_\_\_\_

**PLEASE RETURN THIS PERMISSION SLIP TO MR RYAN IN THE LIBRARY.**