

## White Gum Valley Primary School

29 Hope Street
White Gum Valley WA 6162
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## Students Leaving School On A Regular Basis Semester 2, 2025

## Dear Parent/Carer

In order to maintain regular records that can be easily accessed at any given time, it would be appreciated if you would fill in this form.

Filling this in will mean that you do not have to sign your child out everytime they leave school for the therapy/therapies listed below during Semester 2, 2025.

With regards Glenn Rondoni Principal

Name of student	
Class	
Type of therapy your child will be attending	
Day/s your child is being taken out of school	
Time being taken	
Will your child be returning?	Yes/No
If yes, what time is the anticipated time to return?	
Is this a weekly arrangement?	Yes/No
If not, how frequently will your child be leaving school?	
Authorised people who can pick up your child.	

I agree to let the school know if these arrangments change at any time or if therapy ceases. I understand that I will need to fill in another form in Semester 1,2026.

Signed	 
Name _	 
Date	

## OFFICIAL