

Aorangi Crescent  
PO Box 15  
Lake Tekapo



Contact: (03) 680 6816  
027 374 8734  
Office@tekapo.school.nz

## PERMISSION FORM

Dear Parent / Guardian / Caregiver,

We require your permission for the following:

### **General for Travel:**

Learning opportunities in and around Lake Tekapo Village while enrolled at Lake Tekapo School.

I give permission for \_\_\_\_\_ **YES / NO** (circle option) to participate in outdoor activities as above. I understand that transport may be required to a venue.

### **Parent Driving Contract:**

When providing transport for children of Lake Tekapo School I recognise the following:

- I certify my car has a current registration and Warrant of fitness. **YES / NO** (circle option)
- I certify I have a current full Drivers Licence. **YES / NO** (circle option)
- I understand that insurance of my vehicle is my responsibility. **YES / NO** (circle option)
- I understand I need to provide a seatbelt for every child I transport. **YES / NO** (circle option)
- I understand that children aged seven must use a child restraint if available. If not available they must use a seatbelt.
- I understand that if transporting another child under the age of seven, it is the responsibility of the child's parent/caregiver to supply a booster or child's restraint for the trip

We are required by Law that the information is collected before taking transport. The information will be kept strictly confidential.

## Cyber Safety

I have read the school's cyber safety rules contained in the school's website and will discuss this with my child/ren named below:

\_\_\_\_\_ *Additional information can be found on the  
Net Safe website [www.netsafe.org.na.ua](http://www.netsafe.org.na.ua)*

## School Records

I give permission for my child/ren's records being transferred to another school on their request for a new enrolment.

**YES / NO** (circle option)

**Full Name (Parent/Guardian/Caregiver):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_