



Christ Church
Grammar School
PERTH, WESTERN AUSTRALIA

Beyond Queenslea Drive
Exchange Program
Consent form/Acceptance

Partner school name: _____

I agree to my son (full name): _____
_____ to take part in this exchange.

1. I agree to authorise members of staff at Christ Church Grammar School (CCGS) and/or the parents of his exchange partner to approve such medical treatment for my child as is deemed necessary in an emergency on the advice of a qualified medical practitioner.
2. I have completed all enrolment documents via **the online link** and have also completed the Consent2Go (C2G) health and medical link for my son
3. The School organises and runs extra-curricular activities as part of the normal program of the school. I agree to my son/ward taking part in these activities.
- 4. I confirm that my son has a valid insurance policy for the trip.**
5. I agree to impress on my son the necessity to behave responsibly, to take sensible precautions to ensure his own safety and not to participate in activities not covered by his insurance policy.
6. I understand that the Christ Church Grammar School rules and regulations will apply during the visit. Any serious contravention of the School rules, for example possession or use of alcohol, drugs and tobacco, serious misuse of social media or the school's internet system or stealing, will lead to immediate cessation of the exchange and my son will be returned home. Any expenses incurred in this situation, such as the flight home, will be my responsibility.
7. As part of the exchange, consent for video and photography of pupils in school and usage of these images by Christ Church Grammar School is assumed. Any pupil or parent wishing to withdraw such consent, either generally or for any specific occasion or purpose, should do so by contacting Mr Neil Saggars, Exchange Coordinator.
8. I agree to encourage my son to engage positively in all activities, carry out his responsibilities and complete his tasks

Parent/Guardian full name: _____

Parent/Guardian signature: _____

Home address: _____

Contact number: _____

Date: ____/____/____

If you are away at any time whilst this visit is in progress or will be at an address which is **different from the above**, include any/all addresses and telephone numbers for contact (with dates) on the reverse of this form.