Parental Consent Form for Trung Vuong Vietnamese Language School Participation

Dear Parent/Guardian,

To enrol your child in Trung Vuong Vietnamese Language School and meet Department of Education
requirements, please complete this form.

1. Student	Information
• St	udent Name and Trung Vuong year Level:
• M	ainstream School name and Year Level:
2. Parent/	Guardian Information
• Pa	rent/Guardian Name:
• Ph	one Number:
• En	nail Address:
3. Permiss	ions
Please che	ck the boxes to grant the following permissions:
• Sh or - Pr an - Co	are Information: I allow Trung Vuong Vietnamese School to share my child's name, year vel, and my contact details only with the Department of Education. Yes □ No are Consent Form: I agree to Trung Vuong Vietnamese School sharing this consent form ally with the Department of Education. Yes □ No ovide Home School Registration: I grant permission for Trung Vuong Vietnamese School d its auditors to receive a copy of my child's home school registration if applicable. Yes □ No ontact for Review: I allow Trung Vuong Vietnamese School and the Department of fucation to contact me for audits or reviews. Yes □ No
4. Acknow	rledgement
	below, I agree to the permissions above and understand they are necessary for my child's on in the Trung Vuong Vietnamese Language School program.
• Pa	rent/Guardian Signature:
• Da	nte: