QMS105_03 – VCE UNDER 18 CONSENT FORM

This form is to be used by the parent/legal guardian of students under the age of 18 years who wish to enrol in VCE or VCE VM at Chisholm Institute.

Student Details

Student Name: _____

Student ID Number (if known): _____

Student DoB: _____ Student Age: _____

Course Start Date: _____ Course: _____

Campus: _____

Parent/Guardian Details

Parent/Guardian Name: _____

Parent/Guardian Relationship to Student: _____

Parent/Guardian Contact Number: Home _____ Mobile _____

Parent/Guardian Email: _____

Declaration

Warning: Giving false or misleading information is a serious offence

I, _____ declare that:

(Please print name in full)

☐ The information supplied in this form is correct

☐ I give my permission for the above student's enrolment in VCE/VCE VM at Chisholm Institute

Parent/Guardian Signature: _____ Date _____

This form must be returned to the Manager, Senior Secondary, Berwick campus

Document Control
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