



MARIAN STATE SCHOOL

Permission to work/interact with Chappie Liz

I give permission for my child/ren: _____ Yr: _____

_____ Yr: _____

_____ Yr: _____

_____ Yr: _____

to work/interact with Chappie Liz. *(Please see newsletter for information regarding how Chappie Liz will be supporting your child/ren.)*

Parent Signature