



**ARDENNE HIGH SCHOOL COMMUNITY SERVICE  
Parent/Guardian Consent Form**

As Parent/Guardian of \_\_\_\_\_ of

**Name of Student**

\_\_\_\_\_, I have read and understood the requirement of the Community Service

**Class**

Programme and hereby give permission for him/her to engage in approved activities to complete the required hours/tasks.

Name of Parent/Guardian \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No/s: \_\_\_\_\_

Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form must be THOROUGHLY completed and returned to the programme coordinator before the student starts the service.**