

# ZONE EXTENSION ARTS PROGRAM 2019

YEAR 5 AND 6 PRIMARY SCHOOLS PROGRAMS (ZEAP) TERM TWO, SOUTHERN RIVER COLLEGE,

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent email contact: \_\_\_\_\_

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

Contract Phone Number: \_\_\_\_\_ MOB: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ MOB: \_\_\_\_\_

My son/daughter is interested in participating in the following course (Please Tick)

Visual Art - Tuesday's 3:15- 4:15pm, 7 <sup>th</sup> May – 2nd July 2019	
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I give permission for the College to use images/video of my child's work and participation in the program. This is to be used for promotion and recognition of students achievement on the College's website, school newsletter, exhibition or The School Year Book.	YES	NO
I understand that ZEAP is an extracurricular activity and that it is the responsibility of the parent/guardian to ensure the attendance of their son/daughter after school hours should they accept.	YES	NO

PLEASE RETURN YOUR FORM AND MONEY TO SOUTHERN RIVER COLLEGE FRONT OFFICE  
BY NO LATER THAN FRIDAY 3<sup>rd</sup> MAY

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Head of The Arts  
Dusty Ward  
Phone: 08 9495200

