Karnkanthi Education Program Parent/Guardian Consent

Contact details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name |  | | | | |
| Student’s name | | |  | | |
| Relationship to the student | | | |  | |
| Email address | |  | | | |
| Phone number | |  | | | |
| Home address | |  | | | |
| Postal Address (If different) | | | | |  |

Please write a short statement about why you support your child’s application to the Karnkanthi Education Program

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Please complete this checklist and sign below

I have read the Karnkanthi Program Guide and Application Information

I support my child’s application to the Karnknathi Education Program

My child is of Aboriginal and/or Torres Strait Islander descent

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |