



Email Contact and Permission Form 2014

Family Name: _____

Parent Email Address/es:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Please note: If you have supplied us with email contact details, we will regard this as your consent to communicate with you via this method. These email details will be made available to your child/ren's teacher/s and to administration staff. Since MDCS staff will assume that you are receiving the emails that are sent, please ensure that you keep the school updated with any changes to your address/es or email access.

Newsletter:

	YES	NO
We would like to receive the weekly newsletter via email	<input type="checkbox"/>	<input type="checkbox"/>

Year 10 to VCE only:

	YES	NO
I give permission for my child to communicate with their teacher/s via email	<input type="checkbox"/>	<input type="checkbox"/>

Parent Signature: _____

Student Email Address: (if applicable) _____