Dear Parent/Guardian,

The Arundel State School community provides a Chaplaincy program endorsed by the school’s Parents and Citizen’s Association and available on a voluntary basis to all students.

A Chaplain is a safe person for young people to connect with at school, providing a listening ear in a caring environment. Chaplains care for the students struggling with friendship issues, self-esteem issues, family breakdowns, bullying or significant changes to a child’s life.

Written parental consent is required for your child to meet individually or in a small group environment with the school’s Chaplain on a regular basis. Please indicate whether you consent to these individual meetings. Please sign below and return to the school office to ensure we can assist your child as soon as possible.

If you would like to discuss this matter, please contact myself or the school Chaplain.

Yours sincerely,

Cheryee Dick
Deputy Principal

Zane Howell
School Chaplain

Parent / Guardian Permission
I give / do not give permission for the Chaplaincy Service to provide support to my child __________________________ (name of child). I also give permission for the Chaplain to give information to and receive information from other staff within the school who may be working with my child, such as the Classroom Teacher.

☐ With spiritual support as necessary. ☐ Without spiritual support.

Parents Name/s: __________________________________________

Parents Signature: ________________________________ Date: _____/_____/______

* Please note this is a pastoral care and emotional support program for your child and the Chaplain will not be imposing their particular religious or denominational beliefs on your child.