

**Request for Chaplaincy Support**  
**St Paul's Lutheran Primary School**



Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

Reason for Request:

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I give permission for my child to access the Chaplaincy Support Program at St Paul's Lutheran Primary School.

**I understand the Chaplaincy Support Team will see my child as soon as possible. I also understand that participation is voluntary and I can withdraw my child from the service at any time. Should I choose to withdraw, I will advise the school in writing.**

If you would like the Chaplain to contact you after speaking with your child, please include your contact details. Please note, if the Chaplain has a safety concern, she will contact you regardless.

Yes, please contact me on: \_\_\_\_\_

No, only contact me if there is a concern.

Please return this completed form to the Deputy Principal.

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

Signed: \_\_\_\_\_

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