



Lake Illawarra South Public School

119-129 Reddall Parade,

Lake Illawarra, 2528

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Permission To Participate in Zoom Meetings



I give permission for my child(ren), listed below, to participate in Zoom meetings scheduled by Lake Illawarra South Public School staff.

Student Name	Class

I have read and discussed the *Guidelines for Zoom Use* with my child.

YES

NO

Parent Name:

Signature: _____

Date: _____