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2023 Cluster Days - Learn or Earn Approval Form

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Student Name			Care Class	
	or your child to participate in the vely engaging in their own self			
Eligibility for this p	orogram is specified as per be	low;		
✓ Students✓ Be up to✓ Be up to	must be enrolled in Year 11 o must be achieving a C or high date with all assessment/class date with the relevant units of ce at school target or above (9	ner in all of their subject s work; competency in their cer		cational courses;
	be academically at risk, requies the right to rescind students or Cluster Days.			
	evant school staff is required to of Conduct expectations.	o ensure that students	are adhering to a	cademic policies, guidelines
Year 11/12 Depu	ty Principal			
☐ Approved (tick	(box)			
Deputy Name		Signature	*	Date
Parent Signature	e e e e e e e e e e e e e e e e e e e			
I consent to my cl commitments.	hild participating in the learn o	r earn scheme and will	monitor their self-	paced study and/or work
Parent Name		Signature		Date
Yours faithfully				
Ashley Passmore		Lieve Rimbaut		Alison Fahlbusch



Director of Sport







Deputy Principal

CRICOS Provider Number: 00608A