



SFX OSHC

CO-CURRICULAR FORM

CHILD'S FULL NAME: _____

CO-CURRICULAR: _____

LOCATION/ROOM: _____

COACH: _____

START TIME: _____

TO BE WALKED TO ACTIVITY: YES / NO

END TIME: _____

TO BE COLLECTED FROM ACTIVITY: YES / NO

Date to commence: ___/___/___

End date: ___/___/___

Additional information: _____

Parent / Guardian Full Name: _____

Signature: _____ Date: ___/___/___

OFFICE USE ONLY DATE RECEIVED: ___/___/___ DATE INPUT: ___/___/___ STAFF SIGNATURE: _____