



# Galilee Regional Catholic Primary School

## Year Level Representative Registration Form

I .....\* wish to become a Year Level Representative. By signing this form, I agree to abide by the Year Level Representative Code of Conduct, the Child Safety Code of Conduct and the School Parent, Guardian, Carer Code of Conduct, Parent Communication Group Guidelines at all times. I will strive to make a positive difference in the school community; act honestly and with integrity; use resources responsibly and appropriately; engage genuinely with the community; comply with relevant legislation and policies; and to treat everyone in a considerate, fair and courteous manner.

I am aware that my registration needs to be renewed annually.

Address\* .....

Mobile number\* .....

Email\* .....

Child(ren) Name(s) and Year Level(s) \* .....

.....

*\*Required information*

*The Parent Partnerships Leader is required to maintain a log of registered Year Level Representatives.*

Signature.....

Date.....

**This form will be filed in the school building, will be the property of the School and will be made available when required.**