

**FACIAL PIERCINGS
PARENT/GUARDIAN AND STUDENT AGREEMENT FORM**

This form must be completed by any student who has facial piercings.

Student Name:	
Home Group:	
Location of piercings:	

Note: The College accepts no responsibility in the event of an injury resulting from the piercing/s being torn out. Students who do not have a signed parental/guardian consent will not be permitted to wear their piercing/s whilst at school.

Parent/Guardian Permission:

I give permission for _____ to have the facial piercings listed above.

I agree to adhere to the College requirements regarding facial piercings as outlined in the Uniform Policy and the Student Dress Code.

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Student:

I agree to adhere to the College requirements regarding facial piercings as outlined in the Uniform Policy and the Student Dress Code.

Signature of Student _____

Date _____