



2019 ICAS Permission Form

Please return this form with your payment, to your school no later than 21 August.

I give permission for my child, _____ of _____
Child's name *Class*

to participate in the following 2019 ICAS assessments.

Please select the subjects you would like your child to participate in:

Subject/Paper	School Year	Official Sitting Date	Participation Fee	Fee Enclosed
Digital Technologies	4-6	4,5,6 Sept	\$15.00	
Science	4-6	9,10,11 Sept	\$15.00	
Writing	4-6	9,10,11 Sept	\$15.00	
Spelling	4-6	11,12,13 Sept	\$15.00	
English	4-6	16,17,18 Sept	\$15.00	
Mathematics	4-6	18,19, 20 Sept	\$15.00	
TOTAL				

Please find _____ enclosed for payment of the total fee.
Amount

 Name of Parent/Guardian

 Date

 Signature of Parent/Guardian