



www.atstudio5.com

Studio5 Booking Sheet

with Permission Slip



CATHOLIC EDUCATION
DIOCESE OF WOLLONGONG

Student Details			
Name			
School			
Year Group			
Booking Details			
Date		Time	
Visiting Studio5 for			
<input type="checkbox"/> Study	<input type="checkbox"/> Homework	<input type="checkbox"/> Quiet Space	
<input type="checkbox"/> Printing/Binding Services	<input type="checkbox"/> Wi-Fi	<input type="checkbox"/> Access to Technology	

Please have your parent/guardian sign this permission slip and email your attendance to studio5@dow.catholic.edu.au

I _____ give permission for _____
Parent/Guardian Student Name

to attend Studio5, at the Emmaus Catholic Education Centre, Macarthur on _____

Emergency contact: Name: _____ Phone: _____

Confirmation Email: _____

You will receive a confirmation email that this student is attending Studio5

Parent/Guardian Signature Date