



## Youth Advisory Council - Nomination Form WEST WIMMERA SHIRE COUNCIL

### Student Permission Form

Students Name: \_\_\_\_\_

Year: \_\_\_\_\_

I: \_\_\_\_\_ give permission for my child: \_\_\_\_\_  
to participate in and attend meetings as a representative of West Wimmera Shire Council  
Youth Advisory Council.

I also give permission for my child to have their photograph used in publicity and  
promotion associated with the West Wimmera Shire Youth Advisory Council.

Parent/Guardian name: \_\_\_\_\_

Parent Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_