# Government of South Australia LogoSACE Board Logo2024 ABORIGINAL SACE COMPLETERS

**Consent Form**

I give permission for the SACE Board of South Australia to (please tick boxes):

[ ]  use my name and photograph on the 2024 Aboriginal SACE Completers poster

[ ]  contact me by email occasionally to learn about my pathway after SACE

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: |  | Date of Birth: |  |
| School attended: |  | SACE ID: |  |
| Address: |  | Postcode |  |
| 2025 Email: |  |  |  |
| Contact phone no.: |  |  |  |

**Evidence of consent**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of student: |  | Date: |  |

OR

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian to sign if student is under 18 years old: |  | Date: |  |

OR

Attach correspondence that demonstrates student/parent/guardian consent.

**Form submission**

Please return completed form, along with a high-resolution photo to the SACE Board of South Australia by 28 March 2025 to: SACE.aboriginalstudents@sa.gov.au

Please contact Hassan Mekawy via SACE.aboriginalstudents@sa.gov.au if you have any queries in relation to this form.