

The Office of the Provost Partnership Operations - Placement Operations (Education)

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CAMPUSES Melbourne (Bundoora) Albury-Wodonga Bendigo Mildura Shepparton

Date:			
Student Name:			
Student Course:			
Placement Dates:			
Dear Parent(s)/Guardiar	ı(s),		
	•	cation student at La Trobe ildhood centre as part of	•
documenting how child	dren are learning, luded in assignmer	your child amongst other che communicating and social onts for my course however in	ising. My
Yours sincerely,			
La Trobe University Student			
I	_ [parent/guardian name	e] have read the above information	and agree
to the student observing my o	child	[insert child name].	
Signature		 Date	