

## St Joseph's Catholic High School

16 Macquarie St, Albion Park NSW 2527 PO Box 130, Albion Park NSW 2527 Tel: (02) 4230 8500

Fax: (02) 4256 5793

Email: info@sjchsdow.catholic.edu.au

## Year 12 2020 Annual Permission Note

Enrolment at St Joseph's Catholic High School includes a commitment from parents and students that they will attend and participate in school activities, as well as participate in the prayer, liturgical and faith life of the school.

In 2020, Year 12 students will be required to participate in school events which occur on an annual basis. In addition depending upon the electives studied, your child may be required to attend the excursions and events listed below specific to those electives. Parents and carers are asked to provide consent to these events by signing and returning the Consent Form below.

Detailed information relating to excursions will be provided nearer to the event.

- Religious Events and Activities Walk to Mass, Liturgies and School events held at St Paul's Parish Church/School. St Paul's Parish Church and Primary School are located adjacent to St Joseph's High School and are accessed by walking through the ovals at St Paul's or via Macquarie Street.

✓	School Swimming Carnival (Competitors only).
	Please nominate your child's swimming ability:
	□ Non swimmer □ Weak □ Competent (can swim 100m & float for 5 minutes)
✓	School Athletics Carnival (Whole school participation)
✓	School Cross Country Carnival (Whole school participation)
✓	Careers EXPO
✓	Construction – Bricklaying Practical Assessment Task
✓	Hospitality – Open Day Catering and Event Catering
✓	Any other event approved by the Principal
	PLEASE SIGN AND RETURN BY TUESDAY 11 FEBRUARY 2020 - PARENT/CARER CONSENT
Ι, _	give(Parent / guardian name) (Name of Student)
	(Parent / guardian name) (Name of Student)
ре	rmission to attend and participate in the school events listed above.
ye: an	gree I will advise the school office if there is any change in the medical condition of my child throughout the schoo ar and will ensure that my child will carry their personal medication for diabetes (insulin); asthma (puffer) and o aphylaxis (epipen) at all times. Any interim medication will be provided to the office with authority and directions fo spensing
Му	child has permission to drive to and from school.
Ve	hicle Make/Model/Colour:
Ve	chicle Registration:
Pa	rent / Carer Signature: Date: