## St John Paul II Catholic College

FORMERLY KNOWN AS TERRA SANCTA COLLEGE

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**SCHOFIELDS CAMPUS** Years 7 – 10 Ph: 9208 7200 Fax: 9208 7230

NIRIMBA CAMPUS Years 11 & 12 Ph: 9208 7200 Fax: 9208 7290

## Training Program Information Boys' Before School Gym Training Program - Years 10-12 Commencing: Monday, 6 February 2017

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3 February 2017

Dear Parents/Caregivers,

Following are the details of an event that has been approved by the College Leadership Team. Please read the information listed below, discuss the details with your child and then if there are no questions or concerns please complete the Permission Slip and return it to the organising teacher via the College Office. Name of Organising Teacher: Mr L Mellish Terms 1 to 4, 2017: Every Monday, Wednesday and Friday **Dates:** Venue Name: St John Paul II Catholic College, Nirimba Campus Why students should attend: Opportunity to work on physical skills in the gymnasium to help with their chosen sports **Additional Parent Information** Parents/Caregivers are responsible for the transportation of their child to Nirimba Campus. Year 10 students will be transported by bus to Schofields at the end of training session **Start Time** 6.00am **Finish Time** 7.30am The cost of the event is: No Cost **Emergency contact details:** If Parents/Caregivers need to contact their child urgently please contact the College on 9208 7200. PERMISSION SLIP Boys' Before School Gym Training Program - Years 10-12 Commencing: Monday, 6 February 2017 (To be completed by Parent/Caregiver and returned to, Mr L Mellish via the College Office no later than Monday, 6 February 2017). I give permission for my child \_\_\_\_\_ of homeroom \_\_\_ to attend the Boys' Before School Gym Training Program - Years 10-12 being held at St John Paul II Catholic College, Nirimba Campus. I have read and understand the information regarding this activity. I understand that in case of an emergency every effort will be made to contact me as soon as possible and that medical treatment will be given if needed. Parent/Caregiver signature: Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_