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

Incursion Information StJPII/Terra Sancta Day Setup - Year11 Entertainment Thursday, 20 September 2018

17 September 2018

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 Mr Michael Kelly no later than Thursday, 20 September 2018.

Name of Event Organiser:	Mr Michael Kelly
Date of Event:	Thursday, 20 September 2018
Venue:	Terra Sancta College, Schofields Campus Terra Sancta Day Marquee
Event Start Time:	8.00am
Event Finish Time:	2.15pm
Why students should attend:	Students are given the opportunity to setup for Terra Sancta Day celebrations.
The cost of the event is:	No Cost
Students are to wear:	Full College Winter Uniform
Students will be transported by:	Students are to make their own way to and from Schofields Campus. Students should check the Schofields Campus afternoon bus routes available at the College front office to make sure of the bus number they need to catch home on this afternoon.
Emergency contact details:	If Parents/Caregivers need to contact their child urgently or should your child not be home when expected please contact the organising teacher via the College on 9208 7200.

PERMISSION SLIP StJPII/Terra Sancta Day Setup - Year11 Entertainment Thursday, 20 September 2018

(To be completed by Parent/Caregiver and returned to the Mr Michael Kelly no later than Thursday, 20 September 2018)

I give permission for my child ______ of homeroom ______ to attend the Incursion being held at Terra Sancta College, Schofields Campus in the Terra Sancta Day Marquee.

 I have read and understand the Information regarding this event.

In case of an emergency, where medical assistance or treatment is required, I authorise the College to arrange for such assistance as is necessary.

Parent/Caregiver signature:_____

Date: _____