



## Excursion Information Terms1-4 Before School Gym Training Program Commencing: Tuesday, 20 February 2018

14 February 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 to **Mr Dermott Morgan**.

<b>Name of Organising Teacher:</b>	Mr Dermott Morgan
<b>Dates:</b>	Terms 1 to 4, 2018: Every Tuesday
<b>Venue Name:</b>	St John Paul II Catholic College, Schofields Campus PWS
<b>Why students should attend:</b>	Opportunity to work on physical skills in the Performance work space to help with their chosen sports
<b>Additional Parent Information</b>	Parents/Caregivers are responsible for the transportation of their child to Schofields Campus.
<b>Start Place &amp; Time</b>	Nirimba Campus          7.15am
<b>Finish Place &amp; Time</b>	Nirimba Campus          7.50am
<b>The cost of the event is:</b>	No Cost
<b>Emergency contact details:</b>	If Parents/Caregivers need to contact their child urgently please contact the College on 9208 7200.



### PERMISSION SLIP Terms1-4 Before School Gym Training Program Commencing: Tuesday, 20 February 2018

(To be completed by Parent/Caregiver and returned to, **Mr Dermott Morgan** via the College Office no later than Monday, 19 February 2018).

I give permission for my child \_\_\_\_\_ of homeroom \_\_\_\_\_ to attend the Terms1-4 Before School Gym Training Program being held at St John Paul II Catholic College, Schofields 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: \_\_\_\_\_