



Excursion Information

Terms 1-4 Homework and Assessment Club - Years 7-10

Commencing: Monday, 26 February, 2018

26 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 the organizing teacher via the college office by the required week attending.

- Name of Organising Teacher:** Mrs L Madigan
- Dates:** Monday Afternoons - Terms 1-4
Term 1: Weeks 5, 9
Term 2: Weeks 2, 4, 6, 9
Term 3: Weeks 2, 4, 6, 8, 10
Term 4: Weeks 2, 4, 6
- Time:** 2.30pm - 3.30pm
- Venue Name:** St John Paul II Catholic College, Schofields Campus Library
- Why students should attend:** Homework Club is designed to assist students with their homework and assessment tasks by providing additional support and time by the teacher.
- Permission Note return details:** If you would like your child to attend the Homework and Assessment Club, please complete the permission note below and have them return it to the organising teacher on or before the day(s) they will be attending.
- Return home transport details:** As this event occurs outside normal school hours, Parents/Caregivers are responsible for the transport of their child from the college to home.
- The cost of the event is:** No Cost
- Other requirements:** Books, pens, pencils
- Emergency contact details:** If Parents/Caregivers need to contact their child urgently please contact the College on 9208 7200.

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PERMISSION SLIP

Terms 1-4 Homework and Assessment Club - Years 7-10

Commencing: Monday, 26 February, 2018

(To be completed by Parent/Caregiver and returned to, **Mrs L Madigan** via the College office by the required week attending.)

I give permission for my child _____ of homeroom _____ to attend the Terms 1-4 Homework and Assessment Club - Years 7-10 being held at St John Paul II Catholic College, Schofields Campus.

Monday Afternoons: (Please indicate when your child will be attending by ticking the box or boxes)

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|----------------|---------------|--------------------------|---------------|--------------------------|---------------|--------------------------|---------------|--------------------------|----------------|--------------------------|
| Term 1- | Week 5 | <input type="checkbox"/> | Week 9 | <input type="checkbox"/> | | | | | | |
| Term 2 | Week 2 | <input type="checkbox"/> | Week 4 | <input type="checkbox"/> | Week 6 | <input type="checkbox"/> | Week 9 | <input type="checkbox"/> | | |
| Term 3 | Week 2 | <input type="checkbox"/> | Week 4 | <input type="checkbox"/> | Week 6 | <input type="checkbox"/> | Week 8 | <input type="checkbox"/> | Week 10 | <input type="checkbox"/> |
| Term 4 | Week 2 | <input type="checkbox"/> | Week 4 | <input type="checkbox"/> | Week 6 | <input type="checkbox"/> | | | | |

- 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.
- I understand that this excursion occurs outside normal school hours and that I will be responsible for transporting my child to and from the College and home.

Parent/Caregiver signature: _____ Date: _____ Contact Number: _____