



Retreat Information

Year 12 2020 Retreat

Wednesday 20 November to Friday, 22 November 2019

9 September 2019

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/Medical Information Form and return it to the College via Homeroom no later than **Friday, 8 November 2019**.

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| Name of Organising Teacher: | Mr Nal Wijesekera |
| Retreat Dates: | Wednesday 20 November to Friday, 22 November 2019 |
| Venue: | Collaroy Christian Conference Centre Homestead Avenue, Collaroy |
| Why students should attend: | The Year 12 Retreat is the pinnacle faith event for our senior students. They will explore their unique relationship with God and each other. They will discover the 'Treasure Within' and set clear goals and expectations for themselves in the immediate and long term future. |
| The cost of the event is: | No Cost - included in student school fees |
| Departure point and time: | Nirimba Campus, 8.00am |
| Return point and time: | Nirimba Campus, 2.15pm approximately |
| Additional Travel Details | While students may arrive back at the College in time for their normal afternoon buses, Parents/Caregivers are required to make their own arrangements for the transport of their child from the College to home. |
| Students are to wear: | Casual clothes: Neat and appropriate enclosed shoes |
| Other requirements: | A list of requirements and information is attached. |
| Students will be transported by: | Bus |
| 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 on 0434 814 526 (Nir) or the College on 9208 7200. |



Information & Requirements

Wednesday 20 November to Friday, 22 November 2019

Equipment Required:

Students must bring with them pens, pencils, toiletries hat sunscreen, casual clothing and neat and appropriate enclosed shoes. Clothing needs to cater for warm weather during the day and cooler temperatures at night. Students will need to bring a sleeping bag or sheets and a pillowcase.

Banned Items:

Items which if brought can result in students being sent home and/or police action being taken include: alcohol, cigarettes, cigarette lighters, illegal substances, knives and any other items that would be considered as a weapon.

Students are also advised not to bring the following technology which may be confiscated if sighted or heard by staff: handheld games, ipods, ipads, MP3 players, laptops and any other personal items of value. The college will not accept any responsibility for these items if they are lost or misplaced prior to or after **the confiscation**.

Activities that will be occurring:

Students will be exploring the theme: "The Treasure Within".

Permission / Medical Information Form

Attached to this letter is a **Permission / Medical Information Form** which must be completed and returned to the Nirimba office no later than **Friday, 8 November 2019**.

The **Permission / Medical Information Form** needs to be completed and returned to the school so the school knows you are completely aware of the changed situations your son/daughter will be involved with during this time.

If your son/daughter does not attend the excursion the following should be noted:

- there is no reduction in fees
- any references issued will not be able to attest to the support of the ethos of the College unless there are genuine health or other proven extenuating circumstances that prevent attendance.
- any student not attending the retreat is required to be at school.

Expectations regarding involvement and behaviour:

The general behaviour expectations as set out in the diary apply for this Retreat. Students are required to ensure they represent themselves, their families and the school with honour and pride throughout the retreat. This expectation also includes participation in all aspects of the retreat program.

Damage to the Venue:

Regardless of whether any damage is accidental or not, the cost of repair will be borne by those involved and/or responsible for the area in which the damage was sustained.

Medical and Dietary Information:

The **Permission / Medical Information Form** attached to this letter must be completed and returned to the Nirimba office no later than **Friday, 8 November 2019**. All dietary requirements need to be written in the box at the bottom of the permission /medical information form titled "pre-existing illness/medical conditions/injury/allergies".

Very important note:

The College cannot guarantee that students will be able to attend if parents/caregivers have not paid their school fees AND have not contacted us to make special arrangements. When such a situation exists, students will be advised that they need to attend school as normal on these days.



PERMISSION/MEDICAL INFORMATION FORM
Year 12 2020 Retreat
Wednesday 20 November to Friday, 22 November 2019

(To be completed by Parent/Caregiver and returned to the College via Homeroom no later than **Friday, 8 November 2019**).

I give permission for my child _____ of Homeroom _____ to attend the above Year 12 Retreat at Collaroy Christian Conference Centre, Homestead Avenue, Collaroy.

- ☐ I have read and understand the Information regarding this event
- ☐ I have completed the Medical Information Form below
- ☐ I understand that students must wear Casual clothes: Neat and appropriate enclosed shoes

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

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|---|------------------------------|
| Teachers Name: Mr Nal Wijesekera | |
| Student Name: | Homeroom: |
| Address: | |
| Date of Birth: | Age at 2019 Birthday: |
| Home Telephone Number: | |
| Parents/Caregivers Work Telephone Number: | |
| Parents/Caregivers Mobile Number: | |
| Emergency Contact Phone Number: | |
| Family Doctor Name: | |
| Family Doctor Phone Number: | |
| List of any medications your child will be taking on the day: | |
| Medicare Number: | Private Health Fund: |
| Pre-existing illness/medical condition/injury/allergies or special dietary requirements: | |