



## **Incursion Information**

### **Year 9 Individualised Student Pathway**

### **Every Wednesday Afternoon during Term 4**

### **Commencing: Wednesday, 16 October, 2019**

24 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 Slip and return it to **Ms Allison Gardiner** via the college office by **Wednesday, 16 October 2019**.

- Name of Organising Teacher:** Ms Allison Gardiner
- Dates:** Every Wednesday Afternoon during Term 4
- Time:** 2.30pm - 4.00pm
- Venue Name:** St John Paul II Catholic College, Schofields Campus  
Room 63
- Why students should attend:** We are offering the opportunity to commit to an extension Google classroom, in which core subject learning community facilitators will provide extension work across their key learning areas to challenge and encourage students to excel.
- Permission Note return details:** If you would like your child to attend the Individualised Student Pathway programme please complete the permission note below and have them return it to the organising teacher on or before the days 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
- Emergency contact details:** If Parents/Caregivers need to contact their child urgently please contact the College on 9208 7200.



### **PERMISSION SLIP**

#### **Year 9 Individualised Student Pathway**

#### **Commencing: Wednesday, 16 October, 2019**

(To be completed by Parent/Caregiver and returned to, **Ms Allison Gardiner** via the College office by **Wednesday, 16 October 2019**.)

I give permission for my child \_\_\_\_\_ of homeroom \_\_\_\_\_ to attend the Year 9 Individualised Student Pathway being held at St John Paul II Catholic College, Schofields Campus.

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I have read and understand the information regarding this activity.

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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.

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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: \_\_\_\_\_