## ST. JOSEPH'S THE STATE OF THE

## ST JOSEPH'S CATHOLIC HIGH SCHOOL

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26<sup>th</sup> July 2017

Dear Parent/Guardian

## **Open Boys and Girls Volleyball**

Your child has been selected to represent St Joseph's Catholic High School in the Open Boys or Girls Volleyball Team. Details are as follows:

**Venue:** BHP Stadium, Waples Road, Unanderra

**Date:** Wednesday 23<sup>rd</sup> August, 2017

**Time:** Students are required to be at the venue no later than 8:30 am in

readiness for a 9 am start. The day will conclude by 3 pm.

**Transport:** Private Transport.

**Please note:** If students are going to be traveling to and from the venue with their parents, or the parents of another student, you will need to notify the school before the day. Students will not be

permitted to leave the venue unless they are with their parents. Please indicate any alternate traveling arrangements on the return permission slip. Please arrive at 8:30am and report to your coach immediately.

**Cost:** \$10.00 per student to cover entry fee. **Uniform:** Players are to wear sports uniform.

Canteen: As it has not been communicated whether or not there will be a

canteen on the day, students are asked to bring their own food and

drink requirements for the whole day.

Payment: Online payment is our preferred payment method for this activity.

Go to the school website <a href="www.sjchsdow.catholic.edu.au">www.sjchsdow.catholic.edu.au</a> Homepage, Student Life, Permission Notes and Payments and select the relevant activity. This link closes at 3:30 pm on the final day of payment. Alternatively, payment can be made at the front office via Cash or

Eftpos.

In the instance of a cancellation students will be expected to attend school as normal.

Parents are most cordially invited to attend the day.

Final day for payment for this event is Wednesday 16<sup>th</sup> August, 2017. Notes and payments received after this date will note be accepted.

Mr Zac Ellul Acting Sports Coordinator

**Open Boys and Girls Volleyball Carnival**To be returned by Wednesday 16<sup>th</sup> August, 2017

Please note the Excursion Policy states that the permission note and money must be returned by the due date or the student will not be able to participate.

| Teachers:<br>Event:<br>Date:                        | Mr Plattner and Miss Sproule<br>Open Boys and Girls Volleyball<br>Wednesday 23 <sup>rd</sup> August, 2017 |  |  |  |  |  |
|---|---|--|--|--|--|--|
| I give permission to represent St J Road, Unanderra | for my child<br>oseph's in the Open Boys a<br>on Wednesday 23 <sup>rd</sup> August,                       | of Homeroom<br>and Girls Volleyball at BHP Stadium, Waples<br>2017.                  |  |  |  |  |
|   | students will be travelling to a avelling to and from the venue   | and from the venue by private transport. e with                                      |  |  |  |  |
| My child has had                                    | a history of the following med  | lical conditions/injuries:   |  |  |  |  |
|   |   |  |  |  |  |  |
| The cost of this ev                                 | vent is \$10.00   |  |  |  |  |  |
| Please indicate pa                                  | ayment method:  |  |  |  |  |  |
| Payment e   | enclosed \$   | Online payment receipt no:   |  |  |  |  |
| _   |   | (or receipt attached)  |  |  |  |  |
|   |   | t is Wednesday 16 <sup>th</sup> August, 2017.<br>er this date will note be accepted. |  |  |  |  |
| Parent Name (ple                                    | ase print):   |  |  |  |  |  |
| Parent Signature:                                   |   |  |  |  |  |  |
| Daytime Contact I                                   | Number:   |  |  |  |  |  |
| Date:   |   |  |  |  |  |  |