



ST JOSEPH'S CATHOLIC HIGH SCHOOL

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YEAR 12 2019 ANNUAL PERMISSION NOTE

Enrolment at St Joseph's Catholic High School includes a commitment from parents and students that they will attend and participate in school activities, as well as participate in the prayer, liturgical and faith life of the school.

In 2019, Year 12 students will be required to participate in school events which occur on an annual basis. In addition depending upon the electives studied, your child may be required to attend the excursions and events listed below specific to those electives. Parents and carers are asked to provide consent to these events by signing and returning the Consent Form below.

Detailed information relating to excursions will be provided nearer to the event.

- ✓ **Religious Events and Activities** - Walk to Mass, Liturgies and School events held at St Paul's Parish Church/School. St Paul's Parish Church and Primary School are located adjacent to St Joseph's High School and are accessed by walking through the ovals at St Paul's or via Macquarie Street.
- ✓ **School Swimming Carnival (Competitors only).**

Please nominate your child's swimming ability:
 - Non swimmer
 - Weak
 - Competent (*can swim 100m & float for 5 minutes*)
- ✓ **School Athletics Carnival (Whole school participation)**
- ✓ **School Cross Country Carnival (Whole school participation)**
- ✓ **Careers EXPO**
- ✓ **Year 12 Picnic/Community Day**
- ✓ **Year 12 Mathematics Extension Workshops and Revision Days**
- ✓ **Year 12 Legal Studies – Downing Centre District Court**
- ✓ **Year 12 Chemistry – Sydney University**
- ✓ **Year 12 Construction – Bricklaying Practical Assessment Task**
- ✓ **Year 12 Hospitality – Open Day Catering and Event Catering**
- ✓ **Year 12 Biology- UNSW Museum of Human Disease**
- ✓ **Any other event approved by the Principal**

PLEASE SIGN AND RETURN BY FRIDAY, 8th FEBRUARY 2019

Parental/Guardian Consent

I, _____ give _____
(Parent / guardian name) (Name of Student)

permission to attend and participate in the school events listed above.

I agree I will advise the school office if there is any change in the medical condition of my child throughout the school year and will ensure that my child will carry their personal medication for diabetes (insulin); asthma (puffer) and or anaphylaxis (epipen) at all times. Any interim medication will be provided to the office for dispensing.

My child has permission to drive to and from school.

Vehicle Make/Model/Colour:

Vehicle Registration:

Parent / Carer Signature: _____ **Date:** _____