



ST JOSEPH'S CATHOLIC HIGH SCHOOL

16 Macquarie St, Albion Park NSW 2527
PO Box 130, Albion Park NSW 2527
Tel: (02) 4230 8500
Fax: (02) 4256 5793
Email: info@sjchsdown.catholic.edu.au

YEAR 7 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 7 students will be required to participate in school events which occur on an annual basis. Detailed information regarding these events will be provided to parents and carers at a time 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)**
- ✓ **Weekly sporting events & PDHPE classes** - Some events and classes may be held outside the school grounds requiring students to walk to the event or be transported by bus, depending upon the activity.
- ✓ **The School Musical**
- ✓ **Music incursion**
- ✓ **Year 7 Camp**
- ✓ **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.

Parent / Carer Signature: _____ Date: _____