St John Paul II Catholic College

FORMERLY KNOWN AS TERRA SANCTA COLLEGE

All correspondence to: 85 Hambledon Road, Schofields NSW 2762

EMAIL: stjohnpaul2@parra.catholic.edu.au WEBSITE: www.stjohnpaul2.catholic.edu.au



SCHOFIELDS CAMPUS Years 7 – 10 Ph: 9208 7200 Fax: 9208 7230

NIRIMBA CAMPUS Years 11 & 12 Ph: 9208 7200 Fax: 9208 7290

Representative Sport Information Term 1 & 2 MCS Soccer

Commencing: Friday, 10 March 2017

3 March 2017

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/Medical Information Form and return it to the organising teacher via the College Office no later than Tuesday, 14 March 2017.

Name of Organising Teacher: Mr C Chapman

Game and Training Dates: Game Dates: Thursdays

Terms 1 & 2: 16 March - 29 June

Term 2: Final date to be advised dependant on finals and place in

competition ladder

Training Dates: None

Venue Name: Various School and Council Venues

Address/Location: Venues will be confirmed when the draw is finalised

Why students should attend: The student is given the opportunity to represent the College and

compete against other schools in the MCS Soccer Competition.

The cost of the event is: No Cost

Departure point and time: Schofields Campus and then Nirimba Campus, 12.00pm

Return point and time: Nirimba, BP Hambledon Rd, Schofields Campus, by 4.00pm

Students are to wear: Full College Sport Uniform

Other requirements: Drink, hat, sunscreen, soccer boots, shin pads

Students will be transported by: Bus

Other Transport Details: As this event occurs outside normal school hours Parents/Caregivers are

responsible for transport of their child from the chosen return point to

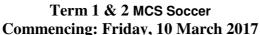
home.

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 0447 277 254 (Sport Coord) or the College on 9208 7200.

PERMISSION / MEDICAL INFORMATION



(To be completed by Parent/Caregiver and returned to Mr C Chapman via the College Office no later than Tuesday, 14



March 2017). I give permission for my child ____ of homeroom ______ to attend the above Representative Sport being held at Various School and Council Venues. Venues will confirmed when the draw is finalised. ☐ I have completed the Medical Information Form below and I have read and understand the information regarding this excursion. I understand that this excursion occurs outside normal school hours and that I will be responsible for transporting my child from the drop off point to home. I understand that students must wear: Full College Sport Uniform 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 **MEDICAL INFORMATION** Student full name: _____ Date of birth: __/__, In case of an emergency, where medical assistance or treatment is required, I authorise the College to arrange for such assistance as is necessary. **Teachers Name: Mr C Chapman Student Name:** Homeroom: Address: **Date of Birth:** Age at 2017 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: