St John Paul II Catholic College

FORMERLY KNOWN AS TERRA SANCTA COLLEGE

All correspondence to: 85 Hambledon Road, Schofields NSW 2762

 $\hbox{\it EMAIL: stjohnpaul2@parra.catholic.edu.au} \quad \hbox{\it WEBSITE: www.stjohnpaul2.catholic.edu.au} \quad \hbox{\it WEBSITE: www.stjohnpaul2.catholic.edu.au}$



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

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

Performance Evening Information HSC Visual Arts Showcase Evening Wednesday, 23 August 2017

26 June 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 and return it to the organising teacher via the College Office no later than Tuesday, 15 August 2017.

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Name of Event Organiser:	Mrs A Robertson
Date of Event:	Wednesday, 23 August 2017
Address/Location of Event:	St John Paul II Catholic College Schofields Campus, Art Block
Why students should attend:	This event is an opportunity for HSC Visual Art students to showcase their HSC Body of Work artworks
The cost of the event is:	No Cost
Event start time:	5.30pm
Event finish time:	6.30pm
Outside school hours details:	As this excursion falls outside school hours Parents/Caregivers will be required to arrange transport to and from the College and 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 0434 895 095 (Sch) or the College on 9208 7200.
To be completed by Parent/Caregive	HSC Visual Arts Showcase Evening Wednesday, 23 August 2017 er and returned to the organising teacher via the College Office no later than
I give permission for my child event.	
I understand that as this Pe	ce Evening Information Form. erformance Evening takes place outside normal school hours I will be g my child to and from the Schofields Campus. must wear .
I understand that in case of an emethat medical treatment will be give	ergency every effort will be made to contact me as soon as possible and en if needed.
Parent/Caregiver signature:	Date:
Contact Number:	