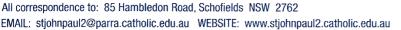
St John Paul II Catholic College

FORMERLY KNOWN AS TERRA SANCTA COLLEGE





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

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

## Training Program Information Boys' Before School Gym Training Program - Years 8 Commencing: Monday, 22 May 2017

20 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 and return it to the organising teacher via the College Office.

Name of Organising Teacher:	Mr D Morgan
Dates:	Terms 1 to 4, 2017: Every Tuesday
Venue Name:	St John Paul II Catholic College, Schofileds Campus
Why students should attend:	Opportunity to work on physical skills in the Performance work space to help with their chosen sports. Physical activity will be facilitated by teachers and a local gym instructor, and will be supported by the police liaison officer, Constable Amanda Jones.
Additional Parent Information	Parents/Caregivers are responsible for the transportation of their child to Schofields Campus.
Start Place & Time	Schofields Campus 7.00am
Finish Place & Time	Schofields Campus 7.45am
The cost of the event is:	No Cost
Emergency contact details:	If Parents/Caregivers need to contact their child urgently please contact the College on 9208 7200.

## PERMISSION SLIP Boys' Before School Gym Training Program - Years 8 Commencing: Monday, 22 May 2017

(To be completed by Parent/Caregiver and returned to, **Mr D Morgan** via the College Office no later than Monday, 22 May 2017).

I give permission for my child \_\_\_\_\_

×.

of homeroom

to attend the Boys' Before School Gym Training Program - Years 8 being held at St John Paul II Catholic College, Schofileds Campus.

I have read and understand the information regarding this activity.

I understand that in case of an emergency every effort will be made to contact me as soon as possible and that medical treatment will be given if needed.

Parent/Caregiver signature:\_\_\_\_\_

Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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