



St Joseph's School, Northam

PO Box 500 Northam WA 6401
Email: admin@sjsnortham.we.edu.au
www.sjsnortham.wa.edu.au

Primary Campus: Lance Street – Telephone (08) 9621 3500
Secondary Campus: Wellington Street – Telephone (08) 9621 3550

Dear Parents

Year 4 Eucharist Retreat Day

All Year 4 students will be participating in a Eucharist Retreat Day at Schoenstatt Shrine in Armadale. The Schoenstatt Sisters of Mary will be conducting a Retreat experience for the students based on their learning in Religious Education on the Sacrament of Eucharist. Students will experience a day full of fun activities.

Retreat Details

Date: **Thursday August 5, 2021**
Venue: Schoenstatt Shrine, 9 Talus Drive, Armadale
Depart: 8.50am sharp
Return: 4.30pm approximately
(Sorry, no pickup or drop offs along the route)
Recess & Lunch: Students need to bring a packed recess, lunch and water bottle
Uniform: Students are to wear their sports uniform

As with every excursion, Parent Help is required. If you would like to assist us on the day, please complete the section at the bottom of the attached Permission/Medication Form, and return it to school, no later than Tuesday August 3, 2021.

Yours sincerely

Edward Ewing
Year 4B Teacher

Syona Fernandez
Year 4G Teacher

Michelle Christian
Head of Primary

July 22, 2021

ST JOSEPH'S SCHOOL NORTHAM
EXCURSION AND MEDICAL PROFORMA

FULL NAME OF STUDENT: _____

I _____ [please print] give my permission for my child, as named above, to attend the **Year 4 excursion to Schoenstatt Shrine on Thursday August 5, 2021.**

In the event of my child requiring medical attention and I am unable to be contacted, I give permission for Ms Fernandez, Mr Ewing or in their absence a suitable staff representative, to seek such assistance.

Parent/Guardian Signature

Date: _____

MEDICAL ADVICE (Please write in Nil if not applicable)

I wish to alert staff that my child, as named above:

[a] Suffers from and requires the following medication:

Illness	Medication	Dosage	Timing of dosage	Other Information

[b] Is allergic to the following foods / medicines / factors

[c] is prone to travel sickness? Yes / No

EMERGENCY CONTACTS

<u>Name</u>	<u>Relationship</u>	<u>Phone Nos</u>

I am able to attend and assist with the excursion: Yes / No
Name: _____ Ph: _____

This form must be returned to school by Tuesday August 3, 2021.