



St Joseph's School, Northam

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

Dear Parents/Guardians,

Lifelink Day Archbishops Forum

Your son/daughter has been invited to represent St Joseph's School Northam at Archbishop Timothy Costello's Forum for Lifelink Day 2019.

Through Lifelink Day, young people are encouraged to learn more about the very real 'need' which exists in the community, and how our Church agencies, through Lifelink, respond to this need. Lifelink Day for schools is both an educational and fundraising initiative.

In 2019, the Archbishop would like to directly and fully engage with school students throughout the Archdiocese and therefore has formally invited St Joseph's School to be represented at the pre-launch event.

Excursion Details:

Date: Tuesday May 28, 2019

Time: Departing school at 7:40am and returning to school by 2:30pm

Location: Aranmore Catholic College, Leederville

Please also note that Morning Tea and Lunch will be supplied to the students therefore please advise of any dietary requirements.

St Joseph's School will have five student representatives travelling by car with the Principal Andrea Woodgate.

Please fill in the attached permission/medical slip, and return to the office by Thursday May 16. If you have any questions or queries, please do not hesitate to contact me directly.

Yours sincerely,

Mr Lloyd Reidy
Religious Education Coordinator

Caroline Parnham
Head of Secondary

May 9, 2019

Enc.

ST JOSEPH'S SCHOOL NORTHAM
Lifelink Day Archbishops Forum

FULL NAME OF STUDENT: _____

I _____ [please print] give my permission for my child, as named above, to attend the St Joseph's School excursion on Tuesday May 28, 2019 to participate in the Lifelink Day Pre-Launch Event.

In the event of my child requires medical attention and I am unable to be contacted, I give permission for Mr Lloyd Reidy (Excursion Coordinator) or a suitable staff member to administer relevant first aid.

_____ Date: _____
Parent/Guardian Signature

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*

EMERGENCY CONTACTS

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>

Clearance from Teachers for Learning Areas (Completion of Assessments)

Learning Area	Teacher signature(Given all Clear)	Outstanding Assessments (No.)
Religion		
English		
Mathematics		
Science		
Society & Environment		

This form must be returned to School by Thursday May 16, 2019