



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 and Guardians

Re: Year 12 Geography Excursion to Karakamia Sanctuary

Our Year 12 Geography students are participating in an excursion to Karakamia Sanctuary to enhance the content in the course depth study on addressing the impacts of land cover change.

The aim of this excursion is for the students to experience a program they are writing about for their next assessment and to be able to also write about it in extended response format in their exams; therefore it is an important excursion to attend.

Excursion details

Date: **Wednesday, 8th of May 2019**

Depart: Bus will depart at **4.00 pm** from Wellington Street.

Return: We will return at **7.45 pm** to Wellington Street (No pickups or drop off along the route)

Cost: Nil

Food: Students are to bring their own water bottle and after-school snack/s. There will not be any food available at the venue.

Uniform: Students are to wear their sports tracksuit and sports shoes with grip (some parts of the track are fairly slippery gravel).

Equipment: A small backpack, mosquito repellent and a small torch. Bring an umbrella if it is forecast to rain.

Please complete the attached permission form / medical update proforma, and return it to school, no later than Monday May 6.

Yours sincerely,

Katiejean Enright
HASS/Geography Teacher

Caroline Parnham
Head of Secondary

April 10, 2019

Enc.

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 participate in the **Year 12 Geography excursion to Karakamia Sanctuary** on Wednesday May 8, 2019.

In the event of my child requiring medical attention, and I am unable to be contacted, I give permission for Ms Katiejean Enright (Excursion Coordinator) or in her 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>

This form must be returned to school by Monday May 6, 2019.