



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/Guardians

YEAR 12 NAHRA RETREAT

As the final year of compulsory school, Year 12 is an important and special year for our students. As part of our evangelisation programme, a residential three day Retreat Experience, will be provided for all Year 12 students. We believe this will be a significant and memorable experience for your son/daughter. The Retreat will provide your child with an opportunity to reflect upon who they are and who they would like to become as they prepare to enter the world as adults. Time will be set aside for personal prayer and reflection.

Venue: Tuppin House Guilderton - Phone: (08) 9575 2601
23 Whitfield Street
GUILDERTON WA

Departure: Students need to be at school by **8.30am on Wednesday 1st May 2019. The bus will leave promptly at 8:45am.**

Return: All students will arrive back by **5:00pm on Friday 3rd May 2019.**

What to Bring: 1 Undersheet
1 pillow
Sleeping bag or sheets + doona
Medication (if required as per medical proforma – to be given to staff)
Good walking shoes
Hat
Personal toiletries
Sensible casual clothing for three days

Meals: All meals will be provided.

Rules: Normal school rules will apply.

Parents may be requested, at the discretion of the teacher-in-charge of the Retreat to collect **IMMEDIATELY**, regardless of the time of day or night, any student who misbehaves. Please note attendance at NAHRA is a requirement for attendance at the Year 12 Ball in September.

Please complete the attached form and return it to your child's Homeroom Teacher **as soon as possible but no later than Friday 1st March 2019**. If you have any queries or require further information, please do not hesitate to contact us on 9621 3546.

Yours sincerely,

Mr Lloyd Reidy
Religious Education Coordinator

ST JOSEPH'S SCHOOL NORTHAM
Retreat
EXCURSION AND MEDICAL PROFORMA

FULL NAME: _____

I _____ [please print] give my child permission, as named above; to attend the school based Retreat on **Wednesday 1 May – Friday 3 May**.

In the event my child requires medical attention, I give permission for staff representatives, to act and assist.

_____ Date: _____
Signature

MEDICAL ADVICE (Please write in Nil if not applicable)

I:

[a] Suffer from and require 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>

This form must be returned by Friday 1st March 2019.