



# *St Joseph's School, Northam*

PO Box 500 Northam WA 6401  
Email: [admin@sjsnortham.we.edu.au](mailto:admin@sjsnortham.we.edu.au)  
[www.sjsnortham.wa.edu.au](http://www.sjsnortham.wa.edu.au)

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

Dear Parents/Guardians

## **Years 10 and 11 Food Science and Technology Catering**

As part of the Years 10 and 11 Food Science and Technology course we are helping to cater the Year 12 Graduation supper on Friday October 25, 2019. Throughout the week we will be using our lessons to prepare and cook a range of small snacks. Students from these classes are being given the opportunity to serve food and help out during this function.

I am asking for volunteers to donate their time on this date between 6.30pm - 8.30pm. Students are able to earn MAJEC time for helping out and any help would be greatly appreciated. Students helping are asked to dress in black dress pants and white collared shirts (preferably not the school one). If you have any questions please call or email the school.

If you would like to assist with this event, could you please complete the attached permission & medical form and return it to school by Thursday October 24, 2019.

Yours sincerely

Shahn Johnston  
**Food Science and Technology Teacher**

Caroline Parnham  
**Head of Secondary**

October 16, 2019

**ST JOSEPH'S SCHOOL NORTHAM**  
**EXCURSION AND MEDICAL PROFORMA**

**Years 10 and 11 Food Science and Technology Catering**

FULL NAME OF STUDENT: \_\_\_\_\_

I \_\_\_\_\_ [please print] give my permission for my child, as named above, to assist with the **Years 10 and 11 Food Science and Technology Catering** at the **Year 12 Graduation Supper** on **Friday October 25, 2019**.

In the event of my child requiring medical attention and I am unable to be contacted, I give permission for Ms Shahn Johnston, 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 Thursday October 24, 2019.**