Stage 3 Party Day

Dear Parents and Caregivers

The students in Stage 3 will be given the opportunity to celebrate the passing of another school year.

This year, Stage 3 will be having its Party Day on Wednesday 9th December 2015. The students will be sharing a slice of pizza or two or three at school, before moving onto Dom Bosco for some fun activities – such as trampolining, table-tennis, basketball and indoor soccer.

The cost will be $12 per student. This includes the cost associated with the hiring of Dom Bosco, the transport and the pizza. Please complete and return the form below to the office by Friday, Monday 1st December 2015.

No orders will be accepted after this date.

If there are any health issues associated with your child eating pizza please contact your classroom teacher immediately.

Transport to and from Dom Bosco will be by bus. The students will be leaving the school at approximately 12.45pm, returning to school just before 3pm.

This activity has the approval of the principal.

Yours sincerely,

Stage 3 teachers
18th November 2015

Mr Plummer
Principal

CLASS PARTY ORDER FORM STAGE 3

Name: ___________________________ Class: ___________________________

I give permission for my child to take part in the Stage 3 Party Day activities on Wednesday 9th December. My child has no known food allergies associated with eating pizza.

Please find enclosed $12.00 for the cost of the pizza, transport and entry into Dom Bosco.

Signed: ___________________________ Date: ___________________________

My child likes to eat

Ham and Pineapple Pizza [ ]

Vegetarian Pizza [ ]

Meat-Lovers Pizza [ ]

100-114 Bennett Road, Colyton NSW 2760. PO Box 3059 St Marys South 2760
Ph: (02) 9623-1805 Fax: (02) 9833-1037
e-mail: bennettrdp.school@det.nsw.edu.au Web: www.bennettrdp.schoo1s.nsw.edu.au
MEDICAL INFORMATION FORM

The information provided on my child by his/ her parent/ caregiver is being obtained for the purpose of attending Stage 3 Party Day at Dom Bosco on 9th December, 2015. It will be used by the NSW Department of Education and Training for providing emergency care. Provision of this information is voluntary. It will be stored securely. If you do not provide all or any of this information then the safety of your child may be at risk and your child may not be permitted to attend. You may correct any personal information provided at any time by contacting 02 9623 1805

Student Name: ___________________________ Class: ___________________________

Parent or caregiver contact details

Name: ___________________________

Address: ___________________________

Home phone: __________ Work: __________ Mobile: __________

Doctor contact details

Name: ___________________________

Doctor’s telephone: 1. ___________________________ 2. ___________________________

Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. Name: ___________________________ Phone: ___________________________

2. Name: ___________________________ Phone: ___________________________

List existing medical conditions or illnesses (including asthma, diabetes, epilepsy, allergies etc.) Outline treatment for each.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Outline special dietary needs including possible reaction to inappropriate diet

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration and any possible reactions.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature: ___________________________ Date: ___________________________

Please return with permission slip and $12 by Monday 1st December, 2015