

ST CLAIR HIGH SCHOOL

"Endeavour with Courtesy, Consideration & Commonsense"

10 July 2014

Nepean Careers Market

Dear Parents/Caregivers

The recent fire in our school has caused the loss of Career Education resources making it difficult to direct students to these resources, which enable them to make decisions concerning their transition from school and future career options.

A decision has been made therefore, to invite Year 12 students to go to the Nepean Careers Market on Thursday, 17/7/14 free of charge. If you have a child in Year 12 who has not paid for the Market then I urge them to consider this offer. All you need do is complete the Permission Note that comes with this letter and return it to me, Ms Elks, on Tuesday, or Mrs Beamer on Wednesday before lunch.

Students who have paid for the Careers Market will need to complete a new Permission Note and return it to me, Ms Elks, on Tuesday, or Mrs Beamer on Wednesday before lunch.

Market Information

The Nepean Careers Market is an annual event held this year on Thursday, 17 July 2014 at the University of Western Sydney - Kingswood Campus. The Market provides students with the opportunity to speak directly with the providers of post-school education, training and to collect relevant materials and information. Representatives from all NSW universities, private colleges and TAFE, group training companies and employers representing trades are on hand to help students and to answer questions they may have regarding career options and pathways from school.

Students will attend the Nepean Careers Market on Thursday, 17 July 2014.

Session time: 10.30am – 12.00pm. Travel will be by bus, leaving school at 10.00am and returning at approximately 12.30pm.

R. Elks <u>Careers Adviser</u> C. Presland Principal



ST CLAIR HIGH SCHOOL EXCURSION

6 ENDEAVOUR AVENUE, ST CLAIR 2759 Phone: 9670 6700 Fax: 9834 3867

PARENT / CAREGIVER INFORMATION

Dear Parent or Caregiver,

The class in which	participates will be going on an			
to Nepean Careers Market on 17/7/14	(date)			
This excursion has been planned to supplement work being done in the following area(s): English, Mathematics, Science, TAS, HSIE, PD/H/PE, Creative Arts, Language <i>(circle please)</i> Other: Careers				
The cost of the excursion is: na				
Travel will be by Bus				
The excursion will depart from: St Clair HS at 10.00am				
And will return to: St Clair HS at 12.30pm				
Students are / permitted to bring mobile phones for parent contact if need be.				
The teacher in charge of the excursion is: Robyn Elks				
The teacher with Emergency Care training is: Robyn Elks				
The teacher with Cardio Pulmonary Resuscitation training	is: Robyn Elks	5		
Students will need the following items on this excursion:				
Clothing: Full School Uniform OR		d and drink from home d and drink from shop ired)		
	Other:			
If the excursion involves water or swimming activities and/or an overnight stay an additional information sheet is attached to this note.				
Teacher(s) Robyn Elks				
attending excursion: Sue Beamer Ros Salt				
Megan Currie				
Those students from the class not attending the excursion will:				
Excursion Coordinator		Principal		
		Πορα		
Please complete details on the attached page and return to the school by 16/7/14				



ST CLAIR HIGH SCHOOL EXCURSION

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EXCURSION CONSENT FORM AND MEDICAL INFORMATION FORM

I consent to my child,	(student's name)	participating in an excursion	
to		(teacher to complete these details before issuing	
note)		· · · ·	
(place) (date) I give consent for my child to receive medical treatment in case of emergency. □ YES □ NO Special needs (e.g. allergies, medication) □ YES □ NO Please provide full details by completing the Medical Information Form.			
Attachments to be completed and returned:	Overnight excursionsWater activities	□ Travel insurance □	
Student name:	C	lass:	
Parent or caregiver contact details			
Name:			
Address:			
Home phone:		Mobile:	
Doctor contact details			
Name:			
Address:			
Doctor's telephone:	, ,		
1. 2. 2. Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)			
1. Name:		hone:	
2. Name:		hone:	
2. Name.			
Ν	MEDICAL INFORMATION FC	DRM	
The information provided on / / 20) (date) by	(Guardian's name) is being	
		nents and other health care related needs about	
excursions, sporting activities or other educational or school activities conducted by or in conjunction with St Clair High School.			
		anning, to support students, and to minimise risks	
when conducting school excursions, sporting of Other persons or agencies that may be provid external organisations who join with the school school activity; and persons that may be called of such excursions or activities.	r other school activities. ded with this information include, b or are otherwise involved in the plan upon to proved health care treatme / voluntary. However, a failure to p	but are not limited to, volunteers and members of nning or delivery of the excursion, sporting or other ent or other assistance during or as a consequence provide the information may mean that your school	
Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of the information, please contact the school principal to discuss further. You may correct any personal information provided at any time by contacting the school office.			

Please sign PTO

Medical conditions or illnesses continued

List existing medical conditions or illnesses (including asthma, dia Outline the treatment for each.	betes, epilepsy, allergies, etc).
Outline special dietary needs including possible reaction to inappro	opriate diet
Medication(s) to be administered during the excursion. Include nam	ne of medication, instructions for
administration, time of administration, and any possible reactions	
Signature:	Date:

Please complete details on this form and return to the school by 16/7/14