



St Clare's College

23 May 2019

Dear Parents and Carers,

Year 10 Try a Trade Taster Day - Southern Cross Catholic Vocational College

Try a Trade Day is for students from Catholic Schools throughout Sydney interested in learning more about the range of Vocational Education and Training (VET) Courses Available at the College. Students will be able to meet with industry professionals, complete a campus tour, speak to current students and experience a day in the life of a student undertaking vocational education.

Date:	Monday, 24 June 2019
Venue & address:	Southern Cross Catholic Vocational College, 17 Comer Street, Burwood NSW 2134.
KLA:	Careers/TAFE
Teacher in Charge:	Ms Keira Nightingale
Support Teacher(s):	Students make their way to and from SCCVC on the day.
Transport:	N/A
Meeting place & time:	N/A
Return time:	N/A
Uniform:	Full School Uniform
Lunch:	Students should take their own lunch and drink bottle.
Emergency contact:	8305 7100

Students are reminded that their behaviour will need to be of the highest standard when representing the College. If you have any concerns regarding the information that has been outlined in this letter, please do not hesitate to contact the Teacher in Charge at the College on 8305 7100. Parents are asked to advise the College of any changes to their daughter's Medical Form that was completed when your daughter commenced at St Clare's College.

Thank you for your support.

Regards,

Ms Keira Nightingale
Teacher In Charge

Mrs Kerrie McDiarmid
Deputy Principal



St Clare's College

CONSENT FORM

Please complete and return the consent form to the student's **Ms Nightingale** by **Friday 21st June 2019**. **No student will be allowed to attend the above excursion without this completed permission slip.**

I have read the attached information and I give consent for my daughter, _____ in **Year 10** to attend the **Try a Trade Day - Beauty Services** on **Monday 24th June 2019**. To the best of my knowledge, she has no medical condition, disability or injury which puts her at risk of participating in this activity.

My daughter has the following special needs/medical condition. (Please provide the relevant allergies, medication) _____

I agree to delegate my authority to the College staff. I accept that the teachers will take appropriate disciplinary action necessary to ensure the safety, conduct and well-being of the students who are participating in this excursion/activity.

In the event of any illness, injury or accident, I authorise the obtaining of such medical assistance as my daughter may require. I accept all medical treatment, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any medical expenses thus incurred.

Parent/Guardian Signature

Date

Medicare No: _____ (for use at a Medical Centre or Surgery)

Contact Number: Mobile _____
Home _____

Work _____
Other _____