25th March 2015

Dear Parent/Guardian,

RE: YOUTH LEADER INVOLVEMENT IN YEAR 8 RETREATS

Throughout March the Lasallian Youth Leaders will be working with the Year 8 students in the junior Retreats. The seniors are excellent role models on these days. The aim of this is to communicate to the juniors that they have older brothers in the school whom they can be inspired by, as well as increasing the confidence of the senior Lasallian Youth Leaders boys in public speaking, relating to their younger brothers, working as a team, and expanding their opportunities to give service.

The retreats will be held at St Bede’s College, students are asked to wear casual clothes and to bring their usual morning tea and lunch.

Your son is asked to report to the Function Room at 8.30am. His involvement will be for the entire school day (concluding at 3.15pm).

Your son has volunteered to assist with the Year 8 Retreat on ___________________________.

Please complete the permission form below if you give permission for your son to participate in this event.

Thank you for your support,

Yours sincerely,

RIA GREENE
DEPUTY PRINCIPAL
IDENTITY COMMUNITY & ACTION

ST BEDE’S COLLEGE
Lasallian Youth Leader – Year 8 Retreats - March 2015
Please return this Permission Slip to Miss Ria Greene

I give permission for my son ________________________ of __________________ to assist with the Year 8 Retreat Program. Should my son become ill or suffer an accident during the course of this activity and the teacher in charge is unable to contact me, I authorise the teacher to consent to my son receiving such medical or surgical treatment as a doctor may deem necessary. I will meet the expense attached to any such medical assistance.

Please state any pre-existing medical condition & medication: ________________________________

________________________________________________________________________________________

Name: _____________________________ Signature: _____________________________

Parent / Guardian

Date:____/____/____ Daytime Ph: ___________________________ Mobile: ___________________________

CONTACT PERSON IF PARENT / GUARDIAN IS UNAVAILABLE

Name: ___________________________ Contact Phone No: ___________________________