



Valley View Public School

Respect, Responsibility, Personal Best

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4 May 2021



VALLEY SCHOOLS LEARNING COMMUNITY LEADERSHIP PROJECT

What: VSLC Leadership Project Workshop

When: Thursday, 20th May

Time: 9.00 am – 2.30 pm

Where: Ourimbah Public School

Staff Attending: Ms Stone

Cost: There is no cost attached to this excursion

Dear Parent/Guardian,

Congratulations! Your child _____ has been selected to participate in the 2021 Valley Schools Learning Community (VSLC) Leadership Project. Students will have an opportunity to meet with students from our own VSLC who have been chosen to participate in this program.

The first workshop for the VSLC Project will be held at Ourimbah Public School on Thursday, 20th May. This workshop will introduce the students to our theme for 2021 'THE NEXT CHAPTER... NEW BEGINNINGS' and the requirements of the project itself.

We are extremely excited to announce that the team from Unleashing Personal Potential will be joining us again this year to support our program. We are even more excited that we are able to work face-to-face with our school leaders, rather than online. This full day workshop, will be facilitated at Ourimbah Public School by our experienced UPP team. The workshop is engaging, interactive and designed to unite your students to have a positive and lasting impact in your school community.

The day will officially begin at 9.00 am, however we are asking all students to arrive at school by 8.45 am. Students will need to bring their own morning tea and lunch. There will be no access to the school canteen on this day. Students will also be expected to wear their school uniform for this event. Students will be required to be transported to and from Ourimbah Public School by parents.

Please complete the attached permission note and medical form. These are to be returned to Ms Stone by 14 May If you have any questions regarding the program, please do not hesitate to contact me on 4328 4433

Yours sincerely,

per: 
Ms Stone
Stage 3 Assistant Principal


Kirsty Squires
Principal

VSLC Leadership Project Permission Note

What: VSLC Leadership Project Workshop

When: Thursday, 20th May

Time: 9.00 am – 2.30 pm

Where: Ourimbah Public School

Staff Attending: Ms Stone

Cost: There is no cost attached to this excursion

I give permission for my son/daughter _____ of class

_____ to attend the VSLC Leadership Project Workshop at Ourimbah Public School.

Please read carefully and complete the following checklist:

- I understand transport is to be provided by parents
- I understand my child needs to wear their full uniform
- I understand that they will need to supply their own morning tea and lunch.
- I allow photos and/or film footage to be taken of my child for use within the VSLC.
- I have completed the attached medical form.

Parent Signature: _____

Date: _____

VALLEY VIEW PUBLIC SCHOOL- PERMISSION NOTE

PLEASE FILL IN AND RETURN TO YOUR CLASSROOM TEACHER

VSLC LEADERSHIP PROJECT WORKSHOP

I hereby consent to my son/daughterYear Class.....
to participate in the VSLC Leadership Project Workshop at Ourimbah Public School on Thursday 20 May at 9:00am – 2:30pm.

- I understand students will be by parent transport.
- I understand that there is no cost
- I understand that a written permission note must be given to the organising teacher if your child is travelling home/being picked up by another parent. Name of Parent picking up your child
- I understand that this permission slip will cover this event/date and any other date **relating to this event** that is changed due to circumstances beyond the schools control
- Permission for photos / Publish (including social media) Yes / No

Parents please note there is no personal injury insurance provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, zone, area and state school sport associations when deciding whether your child should attend, whether additional insurance cover, above that provided by Medicare, is required.

Signed Date
Parent / Caregiver

Medical Information Form – this section MUST be filled out

Parent / Caregiver details:

Name

Address

Phone: Home Work Mobile

Medicare Number

I do / do not give permission for my child to receive medical treatment in case of emergency

Doctor details:

Name

Address

Phone: Home Work Mobile

Emergency Contacts: (if parents are unable to be reached)

Name Phone.....

Name Phone.....

Existing medical conditions or illnesses: (asthma, diabetes, epilepsy, allergies, etc) Outline treatment -

.....

.....

Outline **special dietary needs** including possible reaction to inappropriate diet -.....

.....

Medications to be administered during the excursion: Include name, instructions and time for administration and any possible reactions -.....

.....

Signature **Date**

Privacy Notice: The information provided on this form is being obtained for the purpose of safety on the excursion. It will be used by NSW DET for obtaining medical assistance if required. Provision of this information is required by law. It will be securely stored.