



MOUNT ANNAN HIGH SCHOOL
 248 WELLING DRIVE MOUNT ANNAN 2567

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Dear Parent or Caregiver

Your child's invited to participate in the KARI Lead with Culture Program. The details below are as follows:



Lead with Culture Program Years 9-12

The Aboriginal Education Team here at Mount Annan High School are excited to facilitate our students working with KARI on the Lead with Culture Program.

The Lead with Culture Program identifies two contributors to the high rates of unemployment, disability, lack of education and welfare dependence of young Aboriginal people. These contributors are:

- A lack of cultural connection, and the resulting confused sense of self-identity
- A lack of understanding of an Aboriginal young person's cultural context by the wider community.

Young people in KARI programs agree that cultural disconnection is a barrier to employment and education. They believe more cultural education is vital.

Lead with Culture aims to address these issues by providing cultural awareness training. This allows candidates to gain knowledge about Aboriginal history and culture and how to embrace and promote culture in the workplace.

Our KARI mentors will be Lyle, Akira and Peta, who will be visiting our school regularly to engage with our students. By signing the note below, you give consent for your child to participate in the KARI Lead with Culture Program.

Program Sessions:
Occur once a fortnight at school for 1 hour with a male and female mentor, starting period 2 on the 3rd March 2020 .
Cost of participation in program
\$ 0

Staff member with emergency care training	Miss R. Eagles
Staff member with Cardio Pulmonary Resuscitation training	Miss R. Eagles

Mr K. Bates
 Principal
 24th February 2020

Miss R. Eagles
 Excursion Coordinator

Excursion Consent Form Section A

Please complete relevant details on this form and return to the school by.....

Privacy Advice

The personal information provided on this consent form will be used by the Department of Education and Training for general administration and communication and other matters of welfare relating to your child at this excursion. While the provision of this information is voluntary, it is strongly recommended that all details are completed. Failure to do so may impede the resolution of welfare issues if you are not able to be contacted. This information will be stored securely. You may access or correct any of the details at any time by contacting the school.

Please tick the appropriate boxes below:

- I give permission for my child to participate in the KARI Leading with Culture Program
- I give permission for my child to receive medical treatment in case of emergency.
- I do not give permission for my child to receive medical treatment in case of emergency.

Excursion Details

Child's name	Insert date/s of excursion Fortnightly starting 03.03.20	Insert place of excursion MAHS
Excursion Coordinator: R. Eagles		Year:
<input type="checkbox"/> My child has special medical requirements for this excursion and I have completed the <i>Medical information</i> Condition:..... Medication:.....		<input type="checkbox"/> My child does not have any special medical requirements for this excursion
<input type="checkbox"/> My child has permission to be photographed for school promotion and archival reasons Parent Signature:.....		<input type="checkbox"/> My child does not permission to be photographed for school promotion and archival reasons. Parent Signature:.....

Excursion Code of Conduct

Signing this code of conduct shows that you accept and honour the principles of attending an excursion. I recognize:

- The educational importance of the excursion
- I have responsibilities to my teacher, school and Venue organizers

During my excursion I will:

- Maintain a positive and enthusiastic attitude
- Observe rules, regulations and instructions
- Use mobile phone as per School Policy
- Encourage others to do the right thing
- Be courteous and respectful
- Behave in a way that reflects pride in ourselves and our school
- Behave properly and safely whilst traveling to and from the excursion
- Keep as a group and stay in sight of the teacher

I am prepared to:

- Complete all necessary work during the excursion as well as pre-excursion and post-excursion activities

Student's signature: Date:/...../.....

Please note there will be no refunds if students are unable to attend the excursion.

Signature of parent or caregiver.....

Medical information form

Please complete and return to school by.....

Date for return of form

Privacy Advice

The information provided on this form is being obtained for the purpose of ascertaining relevant medical information, requires and other health care related needs about your child who may participate in excursions, sporting activities or other education or school activities conducted by or in conjunction with your school.

The information will be used by officers of the NSW Department of Education and Training to assist planning to support students, and minimize risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with information include, but are not limited to, volunteers and members of external organizations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available an alternative education experience.

Provision of the information will significantly assist the school in planning a safer educational activity. This information will be store securely. If you have any concerns about provision of this information, please contact the school principal to discuss further. You may correct any personal information at any time by contact the school office.

Student name..... Class.....

Medicare Number – optional.....

Parent or caregiver contact details

Name:

Address:

.....

Home phone:.....Work phone:.....Mobile phone:.....

Doctor contact details

Name:

Address:

Doctor's telephone:.....

Emergency alternative contact/s details

1. Name:..... Phone:.....

Medical Condition:

Medical Condition:.....

Medication:.....