



Independent Public School

## SUNSHINE BEACH SHS – EXPERIENCE HIGH SCHOOL FOR A DAY

Dear Parent / Guardian,

Your child is entering Junior Secondary. This phase of learning spans traditional primary and secondary schooling and is a time of great physical, social, emotional and intellectual change for young people. At Sunshine Beach SHS our priority is education of the whole child. Our school promotes a positive culture through our academic, cultural and sporting programs. Working together with us, your child will shape their future through developing positive relationships and engaging in challenging curriculum set within a rich and inclusive learning environment.

Your child will have the opportunity to familiarise themselves with the Junior Secondary campus, meet some of our highly skilled teachers and engage in classroom activities. A courtesy bus will collect your child from their Primary school (Noosaville and Tewantin only) after 10am and return them no later than 1:30pm. Sunshine Beach students walk with teachers and students from non-feeder schools are required to be transported by their parents.

Please complete and return the attached permission form and medical details to your Primary School's *Year Seven Transition Program* Coordinator.

<b>Venue:</b>	Sunshine Beach SHS
<b>Dates:</b>	18 May Noosaville SS (+ PSS/ESS) 19 May Sunshine Beach SS 20 May Tewantin SS (+ St Thom More)
<b>Transport:</b>	Bus (Noosaville/Tewantin); Walk (Sunshine SS); Parents
<b>Time Start:</b>	10:30am
<b>Time Finish:</b>	1pm
<b>Cost:</b>	nil
<b>Bring:</b>	water bottle, snacks or a light lunch, pens/pencils and notepad

Yours sincerely,

Acting Deputy Principal  
Junior Secondary

Grant Williams  
Principal



DET International  
Department of Education and Training  
Trading as Education Queensland International  
Cricos Provider Code: 00608A

45 Ben Lexcen Drive, Sunshine Beach Qld 4567

T 07 5440 4222 F 07 5440 4200

W [www.sunshinebeachhigh.eq.edu.au](http://www.sunshinebeachhigh.eq.edu.au)

International Student Program

ABN: 92 149 243 186





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*Students are required to bring this for on the day and hand it to their SBSHS teacher for the day*

I \_\_\_\_\_ as parent/guardian of \_\_\_\_\_  
(parent's / guardian's name) (student's name)  
\_\_\_\_\_ give my student consent to participate in this activity and travel as arranged  
(primary school) (date of birth)

I agree to delegate my authority to the teachers involved. Such teachers may take disciplinary **action** to ensure the safety, wellbeing and successful conduct of the students as a group, or individually, in the above mentioned activity. I also authorise the teachers to obtain **medical assistance**, which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. I further authorise qualified practitioners to administer **anaesthetic** if such an eventuality arises. I submit the following medical information about the above student and include details of limitations, which he/she has for the activity concerned.

**MEDICARE NO.** \_\_\_\_\_

### MEDICAL INFORMATION

### DETAILS

(a) HEART PROBLEMS	YES/NO	
(b) RESPIRATORY PROBLEMS	YES/NO	
(c) ALLERGIES	YES/NO	
(d) TRAVEL SICKNESS	YES/NO	
(e) BLOOD PRESSURE	YES/NO	
(f) OPERATIONS	YES/NO	
(g) EPILEPSY	YES/NO	
(h) RECENT ILLNESS	YES/NO	
(i) INJECTIONS & WHEN e.g. Tetanus	YES/NO	
(j) DRUGS REQUIRED	YES/NO	
(k) DRUG REACTIONS e.g. Penicillin allergy	YES/NO	
(l) OTHER	YES/NO	
(m) PHOBIAS	YES/NO	

Is there any medical or psychological reason to prevent your child from participating in any of the activities outlined in the information sheet? YES / NO

If YES, give details \_\_\_\_\_

In emergency, contact: NAME:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

(Parent/Guardian)



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