



2 November 2021

Year 10 to 11 Head Start Day at Edward John Eyre High School

Dear Parents/Caregivers,

Whyalla Secondary College (WSC) is looking forward to having your child attend Head Start Day at Edward John Eyre High School (EJEHS) as part of their transition from middle to senior school.

Teachers from EJEHS with experience in teaching SACE subjects will meet with students and help them understand the content, assessment and requirements of each subject students have selected for 2022.

Students will have the opportunity to assess if the selected subjects meet the needs of their preferred pathway.

Lastly, Head Start Day will offer all year 10 students the opportunity to be introduced to their classmates, who most likely will be different in each subject, because students are allocated in classes based on the subject preferences which links to their preferred pathway.

Date: Wednesday 17 November (week 6)

Time: 9.00am to 2.30pm

Place: EJEHS auditorium

What to wear: Current school uniform

What to bring: Recess, lunch, a water bottle and a hat. The canteen will be available to students on this day.

It is the expectation that students find their own way to and from EJEHS.

WSC has high expectations of uniform and behaviour and these expectations will be enforced on the Head Start Day at EJEHS. We hope your child will have a fantastic Head Start day experience.

If you have any questions or concerns, please feel free to contact Dr Alexandra Holeva on 0483 059 576.

Yours sincerely,

A handwritten signature in purple ink, appearing to read 'Alexandra Holeva'.

Dr Alexandra Holeva
Assistant Principal of Years 11 and 12

A handwritten signature in black ink, appearing to read 'Tricia Richman'.

Tricia Richman
Principal



CONSENT FORM FOR 10 TO 11 HEAD START DAY at Edward John Eyre HS

Please use block letters when filling out this form

As a parent of:

STUDENT/CHILD'S NAME	
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I:

PARENT NAME	
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give my consent for [name of child] to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Head-start Program at Edward John Eyre HS. Introduction to subjects selected for 2022
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do not give my consent for [name of child] to participate in any religious activities outlined below (if applicable)
at/on:

LOCATION	Edward John Eyre HS, Grundel Street, Whyalla Norrie, 5608, SA														
FROM:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					TO:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				OR ON:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">17</td> <td style="width: 20px; height: 20px; text-align: center;">11</td> <td style="width: 20px; height: 20px; text-align: center;">2021</td> </tr> </table>	17	11	2021
17	11	2021													

Does your child have any health support, or medication administration needs that should be considered for camps, excursions etc? Yes No N/A
If Yes, has a care plan/medication agreement been provided to the school/preschool? Yes No N/A
If No, please provide a completed care plan/medication agreement to the school/preschool on completion of this form.
Any other matters that may impact your child's participation in the above activities safely? Yes No
If Yes, please outline details to the school/preschool in the box below.

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 Details of **planned activities, transport arrangements, anticipated number of students/children and supervising teachers/instructors** are provided on the information sheet below.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child. I understand that I may seek payment of any ambulance invoice by the department if my child does not have private ambulance cover.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the site.

Signed: _____

Date: / /

Parent (in case of emergency)

NAME			
RELATIONSHIP TO CHILD			
TELEPHONE (1)		TELEPHONE (2)	
		MOBILE	
Student Medic Alert Number (If applicable):			

*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.

ACTIVITY INFORMATION SHEET

(Note: for a series of activities that take place on a regular basis (including regular outings), list all individual activities, dates, locations, cost, transport, supervision arrangements and start and dismissal times)

<p>REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES – INCLUDING SPECIALISED CLOTHING OR EQUIPMENT THAT WILL BE REQUIRED AND PROGRAMS PLANNED FOR STUDENTS UNABLE TO ATTEND</p>	<p>Year 10 High School students from Whyalla HS, Stuart HS and/or any other educational site who have been enrolled to Whyalla Secondary College are invited to join us at the Edward John Eyre HS to learn about the content subjects they have chosen to undertake in 2022 and meet some of their potential teachers.</p> <p>We ask that students come wearing their current school uniform</p> <p style="text-align: center;">Date: Wednesday Week 6 (17, November) Time: 9:00 am- 2:00pm</p> <p>Students must attend their normal classes in their current school in case they</p> <ol style="list-style-type: none"> 1. are unable to attend Edward John Eyre site visit for any reason 2. have not returned on time this consent form
<p>TRANSPORT ARRANGEMENTS – INCLUDING DESCRIPTION OF DESTINATION AND PICK UP LOCATION, METHOD, MEANS AND ANY SPECIFIC REQUIREMENTS FOR SEATBELTS OR SAFETY RESTRAINTS</p>	<p>Families to organise own transport arrangements to and from the Edward John Eyre HS</p> <p>Meeting Place: Edward John Eyre HS Auditorium.</p>
<p>SLEEPING ARRANGEMENTS (WHERE APPLICABLE)</p>	<p>N/A</p>
<p>NUMBER OF STUDENT/CHILDREN ATTENDING</p>	<p>All enrolled students have been invited. We are expecting approximately 220 students.</p>
<p>NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING</p>	<p>Based on 220 students attending 14 members of the Edward John Eyre HS will be attending.</p> <p>Students will be supervised by their subject teacher.</p>
<p>FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO</p>	<p>Year 8-12 ratio is 1:15</p>
<p>COSTS – INCLUDING DETAILS OF ANY FINANCIAL ASSISTANCE AVAILABLE</p>	<p>N/A</p>
<p>CONTINGENCY PLANS – INCLUDING ALTERNATIVE PROGRAMS (WHERE APPLICABLE)</p>	<p>All activities organized at the Edward John Eyre HS will go ahead in any weather, as the site is airconditioned</p> <p>In the event that another extreme condition or state of emergency is declared (e.g. COVID restrictions, bushfire, etc.) the event may be cancelled.</p>
<p>SITE BASED CONTACT PERSON AND TELEPHONE NUMBER AND SITE CONTACT DETAILS</p>	<p>Dr Alexandra Holeva</p> <p>alexandra.holeva910@schools.sa.edu.au</p> <p>Contact number During the event: EJEHS 8645 7677</p> <p>All forms to be returned to your current school Intervention teacher by 4pm Friday Week 5 (12 November 21).</p>

3 November 2021

Year 10 to 11 Transition Day

Dear Parents/Caregivers,

Whyalla Secondary College is looking forward to having your child attend the transition day.

Students will tour the college, meet their new class, be allocated to their house team and be involved in a range of activities to begin building strong relationships.

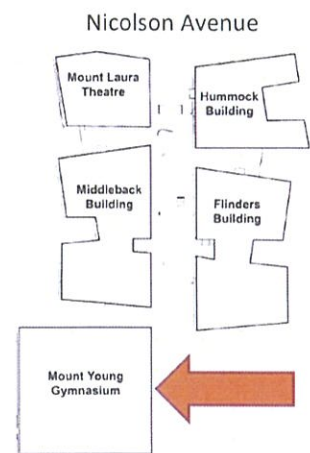
Date: Wednesday 24 November (week 7)

Time: 9:00am to 2:30pm

Place: Mt Young Gymnasium, Whyalla Secondary College

What to wear: Current school uniform

What to bring: Recess, lunch, a water bottle and a hat. A free sausage sizzle will be provided at lunch time. No canteen facilities are available on the day.



It is the expectation that students find their own way to and from Whyalla Secondary College.

Parents will not be allowed on college grounds.

Whyalla Secondary College has high expectations of uniform and behaviour and these expectations will be enforced on the transition day.

Please return your child's permission form to their current school's front office prior to the transition day. We hope your child will have a fantastic transition experience at Whyalla Secondary College.

Yours sincerely,



Dr Alexandra Holeva
Assistant Principal of Years 11 and 12



Tricia Richman
Principal



CONSENT FORM - TRANSITION DAY YEAR 10 TO 11
As a parent of:

STUDENT/CHILD'S NAME	
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I:

PARENT NAME	
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give my consent for [name of child] to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Whyalla Secondary College Transition Day Year 10 to 11
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do not give my consent for [name of child] to participate in any religious activities outlined below (if applicable)
at/on:

LOCATION	117 Nicolson Avenue, Whyalla Norrie, South Australia
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 FROM:

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 TO:

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 OR ON:

2	4	1	1	2	1
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Does your child have any health support, or medication administration needs that should be considered for camps, excursions
etc? Yes No N/A
If Yes, has a care plan/medication agreement been provided to the school/preschool? Yes No N/A
If No, please provide a completed care plan/medication agreement to the school/preschool on completion of this form.
Any other matters that may impact your child's participation in the above activities safely? Yes No
If Yes, please outline details to the school/preschool in the box below.

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 Details of **planned activities, transport arrangements, anticipated number of students/children and supervising teachers/instructors** are provided on the information sheet below.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child. I understand that I may seek payment of any ambulance invoice by the department if my child does not have private ambulance cover.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the site.

Signed: _____

Date: / /

Parent (in case of emergency)

NAME	
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RELATIONSHIP TO CHILD	
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TELEPHONE (1)		TELEPHONE (2)		MOBILE	
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Student Medic Alert Number (If applicable):	
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*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.



TRANSITION DAY YEAR 10 TO 11 INFORMATION SHEET

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES – INCLUDING SPECIALISED CLOTHING OR EQUIPMENT THAT WILL BE REQUIRED AND PROGRAMS PLANNED FOR STUDENTS UNABLE TO ATTEND	Year Level Student Transition Day – Students will be involved in a transition day at the college. This is the first opportunity that students will meet as a community and start building the vital relationships with peers and current staff at the college. Students will begin their orientation of the college grounds, meet their new class, be allocated their house team and participate in a range of exciting team building and problem-solving activities.
TRANSPORT ARRANGEMENTS – INCLUDING DESCRIPTION OF DESTINATION AND PICK UP LOCATION, METHOD, MEANS AND ANY SPECIFIC REQUIREMENTS FOR SEATBELTS OR SAFETY RESTRAINTS	Students are required to arrange their own transport to and from school.
SLEEPING ARRANGEMENTS (WHERE APPLICABLE)	N/A
NUMBER OF STUDENT/CHILDREN ATTENDING	Approximately - 225
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	24
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	N/A
COSTS – INCLUDING DETAILS OF ANY FINANCIAL ASSISTANCE AVAILABLE	N/A
CONTINGENCY PLANS – INCLUDING ALTERNATIVE PROGRAMS (WHERE APPLICABLE)	If inclement or hot weather – Air-conditioned gymnasium used for all activities
SITE BASED CONTACT PERSON AND TELEPHONE NUMBER AND SITE CONTACT DETAILS	Principal: Tricia Richman Deputy Principal: Christina Nicholas Year Level Community Assistant Principal: Dr Alexandra Holeva

