

3 November 2021

## Year 8 to 9 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.

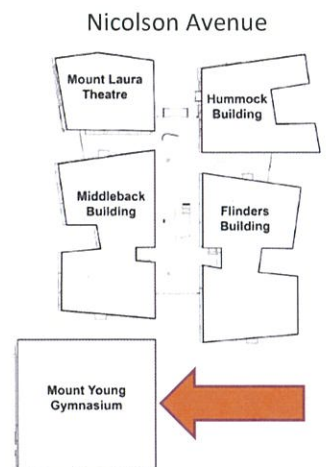
**Date:** Thursday 25 November (week 7)

**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,



Dianna Pickert  
Assistant Principal of Years 9 and 10



Tricia Richman  
Principal



**CONSENT FORM - TRANSITION DAY YEAR 8 TO 9**
**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 8 to 9
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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: 

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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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<b>Student Medic Alert Number (If applicable):</b>	
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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 8 TO 9 INFORMATION SHEET

<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 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.</p>
<p>TRANSPORT ARRANGEMENTS – INCLUDING DESCRIPTION OF DESTINATION AND PICK UP LOCATION, METHOD, MEANS AND ANY SPECIFIC REQUIREMENTS FOR SEATBELTS OR SAFETY RESTRAINTS</p>	<p>Students are required to arrange their own transport to and from school.</p>
<p>SLEEPING ARRANGEMENTS (WHERE APPLICABLE)</p>	<p>N/A</p>
<p>NUMBER OF STUDENT/CHILDREN ATTENDING</p>	<p>Approximately - 225</p>
<p>NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING</p>	<p>24</p>
<p>FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO</p>	<p>N/A</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>If inclement or hot weather – Air-conditioned gymnasium used for all activities</p>
<p>SITE BASED CONTACT PERSON AND TELEPHONE NUMBER AND SITE CONTACT DETAILS</p>	<p>Principal: Tricia Richman Deputy Principal: Christina Nicholas Year Level Community Assistant Principal: Dianna Pickert</p>

