

## MATER DEI CATHOLIC COLLEGE

Plunkett Drive, Wagga Wagga NSW 2650 - PO Box 8185, Kooringal NSW 2650 Ph 02 6923 8300 Fax 02 6923 8399 Email mdcc-info@ww.catholic.edu.au ABN 76 511 781 921 www.mdccww.catholic.edu.au

October 2016

To Parents and Students of Year 12 2017,

The Year 12 Retreat for the 2017 HSC group will begin on Tuesday, 14 February and conclude on Friday, 17 February 2017. The venue is Warrambui Retreat and Conference Centre which is north-east of Murrumbateman, near Canberra.

The Retreat will focus on the direction of the lives of Year 12 students. This experience is an integral part of the faith development and pastoral care program of the College. It will involve reviewing student goals, reflecting of relationships with families, friends and God, and also building community among the year group. Many Year 12 students see it as the highlight of their HSC year.

It is an expectation that all students participate in our Retreat Program. A great deal of time and effort has gone into the planning of the Retreat for it to be a meaningful, memorable and faith-filled experience for everyone involved. The cost of the Retreat will be \$350 and will be added to your College fees for 2016. If this presents a problem please contact either of us personally at the College. The attached permission note is due by Thursday 24 November, 2016.

As was the case at the time of initial enrolment and re-enrolment into Year 11, we remind you the <u>Year 12 Retreat is</u> a <u>compulsory activity</u>. Unless your child has extenuating circumstances, failure to attend will result in his/her exclusion from school attendance for four days following the Retreat.

Students are required to bring sheets or a sleeping bag, a pillowcase, a small overnight bag, a towel, toiletries, medication, slippers or thongs, hat, sunscreen, water bottle and sensible, comfortable clothing including warm clothing. Students will also need a costume for our Fancy Dress Social on Tuesday evening and the theme will be decided on soon!

Chris Doyle and the Mater Dei staff who are accompanying the students are looking forward to spending this time with Year 12. Chris will work with the students on the Tuesday and into Wednesday. He will be supported by Mater Dei teachers who will then work to deepen the experience with the students on the Wednesday evening, Thursday and Friday. To help everyone get the most from this experience, we ask that students respect the rules of the Centre and live up to the expectations we have of our senior students who are representing our College. Non-prescribed drugs, including alcohol and cigarettes are strictly prohibited.

We will be departing from the Mater Dei car park at 7.30 am SHARP on Tuesday 14 February. Information regarding specific accommodation will be given to the students at a later date. Staff will be staying in separate rooms within the Centre. We plan to arrive back at the College by 3.00 pm on Friday in time to catch school buses home for the afternoon. There will be some free time between sessions when students will be able to use the facilities at the Centre. Students are not to leave the grounds at any time unaccompanied by staff.

As we make our preparations, we pray that the Retreat is an enjoyable and valuable experience for all.

Yours faithfully

Ms Rebecca Michel

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Assistant to the Principal - Mission

Val Thomas

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Principal



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October 2016

Dear Parent/Carer	
A Retreat has been organised for Year 12 students. The details are listed below.	
Excursion Dates/s:	Tuesday, 14th February to Friday, 17th February, 2017
Departure time and place:	7.30am, Tuesday from Mater Dei car park
Return time and place:	3.00pm, Friday to Mater Dei car park
Excursion venue:	Warrambui Retreat and Conference Centre
Transport:	Allen's Buses
Excursion cost:	\$350.00 which will be added to your 2017 School Fees.
Student requirements:	sheets or sleeping bag, pillowcase, towel, toiletries, prescribed
	medication, slippers or thongs, hat, sunscreen, water bottle
Dress:	sensible, comfortable clothing including warm clothing (including a jacket)
Teacher in Charge:	and your Fancy Dress. Ms Rebecca Michel
College mobile phone no:	0458 220 628
Note returned by:	Monday 21 November 2016
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Ms Rebecca Michel	Mrs Val Thomas
Assistant to the Principal - Missi	
Please detach and return to the Office  Parent/Carer Authorisation	
I give permission for	of <b>Year 12</b>
to attend the Year 12 Retreat on Tuesday, 14 <sup>th</sup> February to Friday, 17 <sup>th</sup> February, 2017.	
I have read the information above and give permission for the teacher in charge to seek medical attention if warranted. I <b>do/do not</b> give permission for my child to be photographed whilst on this excursion.	
Date:	Parent/Guardian signature:

Organising Teacher: Ms Rebecca Michel

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Emergency Contact Name and Phone No: \_\_\_\_\_

Please indicate any medical condition/s that may be relevant to your child's participation in this event

## Please include this form with payment to Mater Dei Catholic College office **EXCURSION CONSENT AND MEDICAL INFORMATION FORM:**

(Name of Parent – printed) (Name of Student)
Year 12 Retreat on Tuesday 14 February to Friday 17 February, 2017 at Warrambui Retreat and Conference Centre.
I understand and agree with the activities of and arrangements made for the Excursion. During the Excursion I delegate my authority to the Supervising Staff and/or Instructors involved in the Excursion. Such teachers or instructors may take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group and individually.
In the event of illness or an accident that requires medical attention, I permit Supervising Staff to seek necessary medical attention on behalf of my child and I agree to be responsible for any costs incurred through such action.
I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.
Signature of Parent Date
Contact Phone Number: Home:Work:Mobile:
Please provide the following information – students are not permitted to take part in the Excursion without this information being provided.  1) Does your student have any medical condition/s that may affect his/her safety during an excursion? NO [ ] YES [ ] please specify below Eg. Asthma, fainting, seizures allergies, diabetes etc please include any medical and food allergies
2) Will your student be carrying and or self administering any medication in relation to the condition/s listed above? NO [ ] YES [ ] please specify below 3)  MEDICATION: Parents are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications prior to the excursion
3) Are you a member of a Private Health Fund? NO [ ] YES [ ] please specify below
Name of Private Health Fund:Number: Medicare Number
4) Please provide any other information about your child which will enable the organizers of the excursion to provide better care for your student.

PLEASE RETURN THIS FORM TO THE FRONT OFFICE BY MONDAY 21 NOVEMBER 2016.