

MATER DEI CATHOLIC COLLEGE

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4th April 2018

Year 9 Reflection Day

Dear Parent/Carer

A Reflection Day has been organised for Year 9 Students. Students are divided into single gender groups and travel to separate venues for the day. The boy's day is facilitated by College Staff, Year 11 Boys and 'Goodfellas', presenting sessions that focus on being good men in relationships and debunking the most common and damaging myths about boys in an engaging way, enabling boys to move beyond stereotypes.

The girl's day is facilitated by College Staff, Year 11 Girls and 'Enlighten Education', presenting sessions that focus on beliefs and values in relation to self-concept, caring for self and friends and protective behaviours.	
Reflection days are an integral and compulsory element of the curriculum at Mater Dei Catholic College and therefore all students are to attend and so must return the permission note. If your son or daughter is unable to attend, please send in a written explanation addressed to Mrs Gill by Friday, 4 May 2018.	
The details are listed below:	
Excursion Date:	Friday, 11 May 2018
Departure time and place:	9.00am; Mater Dei Catholic College
Return time and place:	3.00pm; Mater Dei Catholic College
Excursion venue:	Girls: Holy Trinity Hall in Bardia Street
	Boys: Henschke Primary School Hall in Fernleigh Road
Transport:	Allen's Coaches
Student requirements:	Lunch, Drink Bottle
Dress:	College Sports Uniform
Other relevant details:	Morning Tea will be provided.
Teacher in Charge:	Mrs Rebecca Gill
Contact mobile phone no:	0458 220 628
Final Date for Note Return:	Friday, 4 May 2018
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Mrs Rebecca Gill	Mrs Val Thomas
Leader of Mission	Principal
Please detach and return to the Office	
Parent/Carer Authorisation	
I give permission for	of Year
Stude	ent name
to attend Year 9 Reflection Day on Friday, 11 May 2018 . I have read the information above and give permission for the teacher in charge to seek medical attention if warranted.	
I do/do not give permission for my child to be photographed whilst on this excursion.	
Date: Pa	rent/Carer signature:
Emergency Contact Name and Phone No:	

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