

Rockhampton State High School



TRADITIONAL VALUES, FUTURE SUCCESS | INSPIRING THROUGH OPPORTUNITY | DEVELOPING LEADERS

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CAR PARKING FOR SHOW – Year 11 & 12

Dear Parent/Guardian

Your child has expressed an interest in helping with the Rockhampton Show Car Parking, to be held at Rockhampton State High School from 14 - 16 June 2017.

This is a great opportunity for your child to be a part of a school community event. This is a supervised activity (by teacher or parent) where students will be required to wear illuminated safety vests when directing cars on the school oval. Students participating in this citizenship activity will be acknowledged by the school.

It is imperative that he/she arrives on time to ensure the smooth running of this activity. If for any reason they are unable to attend on their selected day and time, the student will need to contact the school to advise, so a replacement can be found.

PLEASE INDICATE WHEN YOUR CHILD CAN ASSIST BY TICKING THE BOXES BELOW.

WEDNESDAY 14 JUNE

☐ 8 - 11 am
☐ 11 - 2 pm
☐ 2 - 5 pm
☐ 5 - 8 pm

THURSDAY 15 JUNE

☐ 8 - 11 am
☐ 11 - 2 pm
☐ 2 - 5 pm
☐ 5 - 8 pm

FRIDAY 16 JUNE

☐ 8 - 11 am
☐ 11 - 2 pm
☐ 2 - 5 pm
☐ 5 - 8 pm

STUDENT NAME

STUDENT PHONE NUMBER / EMAIL

This permission form needs to be returned to the General Office no later than **Friday 26, 2017.**

Or you may contact Claire Morrison, the P & C Car Parking Co-ordinator directly on 0426 122 851 (text anytime or call AH) or email 2011_pandc@eq.edu.au

CONSENT FORM

As parent/guardian of _____, I give my consent for him/her to participate in the Show Car Parking on the above day and time. I agree to delegate my authority to the teacher involved.

Such teachers may take whatever disciplinary action they deem necessary to ensure the safety, well being 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.

SIGNED: _____ (Parent/Guardian)

If parents would like to volunteer for the Car Parking as well please indicate below;

PARENT NAME/S..... TELEPHONE:.....

EMAIL:.....