## Rockhampton State High School



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

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## CAR PARKING FOR ROCKY SWAP - Saturday 5th August, 2017

## Dear Parent/Guardian

Your child has expressed an interest in helping with the Rocky Swap Car Parking, to be held at Rockhampton State High School on Saturday 5<sup>th</sup> August, 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 at their selected time, the student will need to contact the Car Parking Co-Ordinator to advise, so a replacement can be found.

This permission form needs to be returned to the General Office no later than Friday July 28, 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

## PLEASE RETURN TO THE GENERAL OFFICE PLEASE INDICATE WHEN YOUR CHILD CAN ASSIST BY TICKING THE BOXES BELOW. SATURDAY 6<sup>th</sup> AUGUST □ 5.30am - 7.30am 7.30am - 9.30am 9.30am - 11.30am 11.30am - 1.30pm STUDENT NAME ...... STUDENT PHONE NUMBER/EMAIL ...... Year 12 Coordinators: Tom Lorette Natalie Stubbs **CONSENT FORM** \_YEAR 12, I give my consent for him/her to participate in As parent/quardian of the Rocky Swap 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. (Parent/Guardian) SIGNED: