



Holy Cross College, Ryde

517 Victoria Road, Ryde NSW 2112
Phone: 9808 1033
www.holycrosscollege.org

28 April 2017

Dear Parents / Carers

RE: Inter-School Youth Afternoon

Your son has been selected to participate in an exciting Youth Ministry initiative this term involving Holy Cross College Ryde, Marist College Eastwood, Marist Sisters College Woolwich and Domremy College Five Dock. The second Youth Ministry initiative to occur with the following objectives:

1. To foster the personal and spiritual growth of each young person
2. To draw young people into responsible participation in the life, mission and work of the Catholic faith community
3. To empower young people to live as disciples of Jesus Christ in our world today

The Term Two Youth Ministry Initiative will take place at Marist Sisters College Woolwich. The details of the event are:

When: Wednesday, 24 of May, 2017
Time: 4:00pm- 7:00pm
Location: Marist Sisters College Woolwich, 66A Woolwich Rd, Woolwich NSW 2110
Travel: Students will travel to Marist Sisters College in the College bus and will be dismissed from the venue at 7pm. *Parents will be required to pick their son up from Marist Sisters College.*
Uniform: Full College Winter Uniform

To allow your son to participate in this event please complete and sign the permission slip below and return it to the College by the due date.

Yours sincerely,

Ms Stephanie Llave
YOUTH MINISTRY COORDINATOR

Mr Michael Reid
ASSISTANT PRINCIPAL

Please return permission slip to MISS LLAVE by Friday 19th May 2017

I/We give permission for my/our son to attend the Inter-school Youth Afternoon on Wednesday, 24 May, 2017 at Marist Sisters College. I understand he will travel in the College bus to the venue and to be DISMISSED at Marist Sisters College at 7:00pm.

Parent's / Guardian's Signature:.....Son's Name: HCT Class:.....

Contact Phone Numbers

WORK	HOME	MOBILE	MEDICARE NUMBER (for use at medical centres etc)

Medical Register Information: OHS

Please complete the following if necessary.

Is there any physical / medical / emotional reason that could impact on your son's health/safety during the excursion (e.g.: serious asthma / injury):

Please State: _____