



# Holy Cross College, Ryde

517 Victoria Road, Ryde NSW 2112

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[www.holycrosscollege.org](http://www.holycrosscollege.org)

25 July 2017

## Inter-School Youth Afternoon

Dear Parents and Guardians,

Your son has been selected to participate in an exciting Youth Ministry initiative involving Holy Cross College Ryde, Marist College Eastwood, Marist Sisters Woolwich and Domremy College Five Dock. Each term one of the participating schools host a youth event 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 next instalment of this initiative will take place at Marist College Eastwood. The details of the event follow:

**When:** Tuesday, 22 August, 2017

**Time:** 4:00pm- 7:00pm

**Location:** Marist College Eastwood 44 Hillview Rd, Eastwood NSW 2122

**Travel:** Students will travel to Marist 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 College Eastwood.*

**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

Stephanie Llave  
YOUTH MINISTRY COORDINATOR

Michael Reid  
ASSISTANT PRINCIPAL

**Please return permission slip to MISS LLAVE by Friday 18th August 2017**

I/We give permission for my/our son to attend the Inter-school Youth Afternoon on Tuesday, 22 August, 2017 at Marist College Eastwood. I understand he will travel in the College bus to the venue and to be dismissed at Marist College Eastwood at 7:00pm.

Parent's / Guardian's Signature: .....

Son's Name: ..... HCT Class: .....

**Contact Phone Numbers**

<b>WORK</b>	<b>HOME</b>	<b>MOBILE</b>	<b>MEDICARE NUMBER</b> <b>(for use at medical centres etc)</b>
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**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: \_\_\_\_\_