XAVIER CATHOLIC COLLEGE
A Jesuit Companion School
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14th February, 2019

Dear Parent/Guardian,

Year 7 Belonging Day and Welcome Picnic

Year 7 Belonging Day:

Date: Tuesday, 19th February, 2019
Venue: College (Magis Centre) and Ballina Pool and Waterslide
Transport: Bus
Depart: Leave College at 10.00am
Return Return to College approx. 3.00pm
Uniform: College sport uniform, including hat
Needs: Swimmers, towel, sunscreen
Food: Bring morning tea, lunch & drinking water
Cost: Nil

On Tuesday, 19th February, our Year 7 students will participate in their Belonging Day to be held here at the College and Ballina Pool and Waterslide. During the day our students, together with their Head of House, will participate in a number of activities which enable them to learn more about our College and get to know other Year 7 students. They will complete a simple Swimming Competency at the pool and then have the opportunity to use the waterslides and swim in the pool.

Please sign and return the permission slip below by Monday, 18th February, 2019

Year 7 Welcome Picnic:

Date: **Tuesday 26th February, 2019**
Venue: **College Green (grassed area in the middle of the College)**
Time: **6.00pm**

This evening is an opportunity for parents to meet other parents, to build a sense of community and to become familiar with "the people and places" of Xavier Catholic College. The evening also enables parents to informally meet their son/daughter's Head of House and Pastoral Care teachers. Families can bring their own food and drink, or pizza and sausage sizzle will be available on the night to enjoy on the College green.

Yours sincerely,

Ms Glenda Brown
Year 7 Transition Coordinator

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Please sign and return the permission slip to the College Office by Monday, 18th February, 2019.

Year 7 Belonging Day - Tuesday 19th February, 2019

Student's Name: _____ **P/Care:** _____

I give permission for my son/daughter to swim at Ballina Pool and Waterslide.

(Please tick one) ☐ **YES** ☐ **NO**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Relevant medical details (if any): _____