



## EDEN MARINE HIGH SCHOOL TRANSITION VISIT – Family Classes

Dear Parents and Caregivers,

On Thursday, 27th October, and Thursday, 10<sup>th</sup> November, we will be taking a small group of students to Eden Marine High School to continue our transition visits to the school. The high school has offered us the opportunity to attend mini lessons and familiarise the students with the daily routine. We will leave school after the roll is marked at 9.00 am to visit Eden Marine High School to undertake an orientation visit of the school. The group will travel by private transport, with a teacher driving each vehicle. We will return to school at approximately 1:30pm. On the day, photos will be taken to provide visual support for students to aid them in their transition into Year 7. Future longer visits will be organised to support them in their transition and more information will be provided about these visits once they are confirmed.

If you have any questions about your child moving into Year 7, or about the planned visit, please feel free to contact myself or their classroom teacher.

Regards,

Tina Lawson Assistant Principal

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### EDEN MARINE HIGH SCHOOL TRANSITION VISIT CONSENT FORM

Please return this permission note by Wednesday 26th October 2022.

Dear Mrs Lawson, I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend the transition visit to Eden Marine High School on Thursday, 27 October and 10<sup>th</sup> November 2022.

By providing consent, I understand that my child will be travelling in a private vehicle to and from the venue.

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID19 Public Health Orders and the NSW Department of Education’s policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at the event. I confirm that my child will not attend if displaying any symptoms of illness and/or if directed to isolate under health orders.

Medical Information/ Allergies:

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Name: \_\_\_\_\_ Signed : \_\_\_\_\_ Date: \_\_\_\_\_