

A Online Form - Year 6 Colo High School Taster Lesson Visit

Activity Name:	Year 6 Colo High School Taster Lesson Visit
Date/Time:	Tuesday 17 October 2023 9:05am - 3:05pm
Description:	As part of their High School Transition Program for 2023, Colo High School will conduct an onsite taster lesson visit involving students from their partner primary schools.
	Students not attending Colo High School next year are welcome to attend the day.
	We encourage all Year 6 students to experience high school life.
	The aim of this program is to provide interesting secondary school lessons to increase student excitement and ease apprehension. Students will attend lessons for different curriculum areas, become familiar with the surroundings of the school and meet some of the staff from Colo High School.
Venue:	Colo High School (218 Bells Line of Rd, North Richmond NSW 2754)
Transport:	Private Transport by parents/carers. Please contact the school before the permission due date if you require assistance with transport.
	Students will meet Mr Lavender and Mrs Stone in the front lower bus bay at 8.45 am.
	Please arrive to collect students from 1.45 pm ready for a punctual 2.00 pm collection of your child from the front lower bus bay.
Dress Code:	Full school uniform including hat.
Food:	Students will need to bring recess, lunch and water bottle. No canteen will be available.
Please Bring:	Writing equipment
Additional Information:	Please advise the school if your child will not be attending the visit to Colo High School and will be remaining at school.
	If your child is attending Colo HS in 2024, please do not forget to book a

	Uniform & Book Pack appointment via this link: https://www.schoolinterviews.com.au/bpejNCL/step1 (https://www.schoolinterviews.com.au/bpejNCL/step1)
Due Date:	Friday 13 October 2023
	* indicates a required field
I have read the abov Lesson Visit *	e details and give consent for my child, to attend the Year 6 Colo High School Taster
Student Name:	
Parent/Carer Name:	*
Parent/Carer Phone	Number: *
Emergency Contact	Name: *
Emergency Contact	Phone Number: *
Medical Conditions	(including any medication required):
Dietary Requirement	is:
Parent/Carer Signat	ure: *