



📌 Online Form - Colo High School First Nation Transition Day- Friday 29 November

<b>Activity Name:</b>	Colo High School First Nation Transition Day- Friday 29 November
<b>Date/Time:</b>	Friday 29 November 2024 9:05am - 3:05pm
<b>Description:</b>	<p>We are excited to invite your Year 6 First Nations students to our upcoming Transition Day at Colo High School. This special event is designed to support and welcome Aboriginal and Torres Strait Islander students joining us in Year 7 in 2025.</p> <p><b>Event Details:</b></p> <ul style="list-style-type: none"> <li>• <b>Date:</b> 29<sup>th</sup> of November 2024</li> <li>• <b>Time:</b> 9:00 AM - 2:30 PM</li> <li>• <b>Location:</b> Colo High School</li> <li>• <b>Staff:</b> Mr Carter will accompany the students at Colo HS</li> <li>• <b>Food:</b> Morning tea and lunch will be provided for all attending students and staff.</li> </ul> <p>The Transition Day will offer students the chance to explore our school environment, meet our staff and future classmates, and participate in engaging activities. Our goal is to create a positive and supportive experience for our incoming First Nations students, ensuring they feel confident and connected before starting high school.</p> <p>We look forward to welcoming your students and supporting them on their journey to high school.</p>
<b>Venue:</b>	Colo High School (218 Bells Line of Rd, North Richmond NSW 2754)
<b>Transport:</b>	Students to meet Mr Carter at Grose View Public School by 8.15am. Mr Carter will transport students to and from Colo High School. Students will be returned to Grose View Public School before 3.05pm, in time for normal end of day procedures.
<b>Dress Code:</b>	Full school uniform including hat.
<b>Food:</b>	Morning tea and lunch will be provided for all attending students.
<b>Due Date:</b>	Tuesday 26 November 2024

\* indicates a required field

I have read the above details and give consent for my child, to attend the Colo High School First Nation Transition Day- Friday 29 November \*

Yes  No

**Student Name:**

**Parent/Carer Name: \***

**Parent/Carer Phone Number: \***

**Medical conditions/information relevant to the activity (including any medication required):**

**Parent/Carer Signature: \***