PERSEVERE HENDY ATRIOLISM

Andrew Backhouse

HENRY KENDALL HIGH SCHOOL

Principal - Andrew Backhouse

Special Education Sport Term 4 - 2016

Dear Parents/Carers 19 September 2016

Sport for Term 4 commences on Tuesday 11 October 2016 - Week 1. We will start with five weeks of Indoor Sports at Niagara Park Stadium. During this time the students will do a variety of activities including; table tennis, wheelchair basketball, soccer, hockey and trampolining. Student will develop their agility, co-ordination and game skills.

On Tuesday 15 November - Week 6 we will have a fishing afternoon and walk at Woy Woy.

During Week 7 and 8, Tuesday 22 November and Tuesday 29 November we will do bike riding and games at school. Students will make use of the new trikes and hand cycle that have been donated to our Special Education Centre.

On the last two weeks of term, on Tuesday 6 December and Tuesday 13 December students will be tenpin bowling at Wyoming.

Throughout the term our students will be assisted by students from Girrakool School which is part of the Kariong Detention Centre. Students are supervised by Henry Kendall Staff at all times. Travel is by mini buses supplied by Wheeling and Able. We are fortunate to have volunteer drivers; Paul Standen and Chris Taylor help us out each week.

Students are required to bring a hat and water bottle with them each week for sport.

The cost for the term will be \$40.00. Please complete details below and return the slip with payment by Monday 10 October 2016.

N.B. No student will attend an excursion if the permission note and payment have been received prior to the excursion date.

Bronwyn Bennett

Principal	Special Education Teacher	
This excursion is part of the students' learning program and has the Principal's approval		
Please return this note and pay	ment to Mrs Bennett by Monday 10 Octob	er 2016
I hereby consent tosporting activities for Term 4 2016.	(student's name) in Year	participating in planned
I also give permission for photographs to be taken YES / NO (please circle).	and published in the school's newsl	etter and/or school website
Parent/Caregiver Name (Please print)	Parent/Caregiver Signature	
Is your child Anaphylactic ☐ No ☐ Yes Allergic to:		
Where will the EpiPen be located on this excur	sion:	
Special needs of my child of which you should be av	ware (e.g., allergies, medication – ple	ase provide full details):
Deposit/Conscience Contest No/o)		(
Parent/Caregiver Contact No(s):		(on date of this excursion)