



✈ Online Form - Cooinda Girls Program

Activity Name:	Cooinda Girls Program
Date/Time:	<ul style="list-style-type: none"> Thursday 7 March 2024 12:40pm - 3:10pm Thursday 21 March 2024 12:40pm - 3:10pm Thursday 4 April 2024 12:40pm - 3:10pm Thursday 2 May 2024 12:40pm - 3:10pm Thursday 16 May 2024 12:40pm - 3:10pm Thursday 30 May 2024 12:40pm - 3:10pm Thursday 13 June 2024 12:40pm - 3:10pm Thursday 27 June 2024 12:40pm - 3:10pm Thursday 25 July 2024 12:40pm - 3:10pm Thursday 8 August 2024 12:40pm - 3:10pm Thursday 22 August 2024 12:40pm - 3:10pm Thursday 5 September 2024 12:40pm - 3:10pm Thursday 19 September 2024 12:40pm - 3:10pm Thursday 17 October 2024 12:40pm - 3:10pm Thursday 31 October 2024 12:40pm - 3:10pm Thursday 14 November 2024 12:40pm - 3:10pm Thursday 28 November 2024 12:40pm - 3:10pm Thursday 12 December 2024 12:40pm - 3:10pm
Description:	Every Fortnight the Cooinda Girls will meet with Lisa Selsby and Judith Thompson to participate in Cultural lessons linked with the following three areas - Culture, History, Leadership. All sessions will be facilitated by Lisa Selsby and Judith Thompson and relevant members of the community who may be asked in to work with the students. In these cases a new VTR will be generated and requested so that all documents pertaining to school visits by outside providers will be generated and supplied.
Venue:	Cooinda Cultural Room
Due Date:	Monday 4 March 2024

* indicates a required field

I have read the above details and give consent for my child, to attend the Cooinda Girls Program. I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 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 this

event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders. *

☐ Yes ☐ No

Student Name:

Parent/Carer Name: *

Parent/Carer Phone Number: *

Emergency Contact Name: *

Emergency Contact Phone Number: *

Medical Conditions (including any medication required):

Dietary Requirements:

I give permission for my child to be recorded or photographed to promote the event on local and social media: *

☐ Yes

☐ No

Parent/Carer Signature: *