



# St Patrick's Parish School, Cooma

*.A School With .Altitude*

30 June 2017

Dear Parents and Guardians,

NAIDOC stands for National Aboriginal Islander Day Observance Committee. Every year, part of the observance of NAIDOC week in our Archdiocesan schools occurs through the celebration of the NAIDOC Mass. This year the NAIDOC Mass will be at St Christopher's Cathedral Manuka on Friday 21 July. Our Year 6 students have been invited to this celebration.

The Catholic Education Office has also invited students with Aboriginal or Torres Strait Islander Schools from our school. This is an excellent experience for the students that will contribute to community bonding, growth in self-worth through service to others and expanded knowledge of the Archdiocese.

All involved will travel by bus to Canberra, leaving Cooma at 8.00am and returning by 3.00pm. After Mass we will also visit St Mary MacKillop Catholic College, where we will have our lunch and tour the facilities. We are very proud to show the students their future pathway to senior education.

Accompanying teachers will be Mr Mike Introna, Glenyce Moxon and Steven Joyce.

All students are asked to pay **\$20.00** to cover the cost of the bus. Full school uniform is required, as well as a packed lunch. Please complete the permission form below and return it with your payment to the school by **Wednesday 19 July 2017**.

Thanking you for your support.

Yours sincerely

Mrs Frances Robertson  
Principal

Mr Steven Joyce  
Coordinator

## NAIDOC MASS CANBERRA PAYMENT SLIP

I \_\_\_\_\_ permit \_\_\_\_\_  
(Name of Parent) (Name of Student)

to take part in the NAIDOC Mass and visit to the St Mary MacKillop College.

I understand and agree with the activities of and arrangements made for the excursion. During the excursion, I delegate my authority to the supervising staff involved in the excursion. The staff may take necessary disciplinary action, to ensure the safety, wellbeing and successful conduct of the students.

In the event of illness or an accident that requires medical attention, I permit supervising staff to seek necessary medical attention on behalf of my child and I agree to be responsible for any costs incurred through such action. This may include the cost of an ambulance.

**PAYMENT DETAILS:** I enclose **\$20.00** Cash/Cheque made payable to St Patrick's Parish School, OR please deduct \$ \_\_\_\_\_ from my Visa/Mastercard No. \_\_\_\_\_

Expiry: \_ \_/ \_ \_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_