

Hambidge Crescent
Chisholm ACT 2905
Australia

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Year 6 to 7 Transitions Program

Information for students interested in enrolling in Year 7 at Caroline Chisholm School

The Transitions Program at Caroline Chisholm School (CCS) is designed to make the transition from Primary School into our Middle School as smooth as possible. At CCS, the transition process begins in term two of Year 6 and consists of 4 events, offered to all schools in the Chisholm Cluster, and any other students who may be interested in attending CCS as Year 7 Students. We also hold our Open Night in Term 2 and more information is provided on the Program Overview, on the back of this page.

The purpose of this note is to provide you with information about the excursions and what is expected of your child.

Destination:	Caroline Chisholm School, Senior Campus 108 Hambidge Crescent, Chisholm
Date and Times	Ignite Taster Day: Thursday, 17th May (Week 3 Term 2), 9am – 3pm Middle Years Mash-Up: Friday 10th November (Week 4, Term 4), 10am – 2pm More information is available on the program overview (provided on over page) and reminders will be sent closer to the dates.
Transport:	Ignite Taster Day: Parents/carers to drop off and pick up at CCS Middle Years Mash-Up: Students will walk with a supervising teacher
Cost:	\$0.
RSVP:	Return permission note to Gilmore Primary School by: Wednesday 16 May
Staff Contact	Kirsty Stewart, Dahlia Seden or Rachel Salter
Equipment Required:	Please ensure your student has the following equipment for each event: <ul style="list-style-type: none"> - School uniform - A sun-safe, broad brimmed hat with your students name written inside - A healthy packed morning tea and lunch and water. - A positive attitude and willingness to try new things 😊

Children from Gilmore Primary School will attend the two visiting sessions with a supervising teacher. The teacher will meet the students at CCS for the Taster Day and will supervise walking to CCS for the Mash-Up. It is expected that they follow the Gilmore Guidelines as well as the behavioural expectations of Caroline Chisholm School while in attendance. Parents may be called to collect their children if necessary. If you have any questions about enrolments or the transition events you may contact Kirsty Stewart at Gilmore Primary School or Caroline Chisholm School directly.

Vicki Lucas

Principal

Gilmore Primary School

Date: 30/04/2018

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Event	Suggested Date	Description
CCS Taster Day	Thursday 17 May, Week 3, Term 2	Come and have a “taste” of our electives! An introduction to the Ignite Elective Package offered at CCS. Students participate in a range of Ignite Electives including Cooking & Hospitality, Digital Photography, Visual Arts, Drama, Woodwork, Outdoor Education and STEM. This is also an opportunity for all students to experience a typical day in a high school environment.
Open Night	Week 4, Term 2	The CCS Open night is the ultimate showcase of learning and achievement. Come and feel the positive vibe at CCS. Experience Science experiments, technology displays, watch a range of student performances in Dance and Drama and enjoy the service of our Year 9 and 10 Hospitality students hard at work in the Café. The evening will also include elective information sessions, displays of student artwork, Dance, Music and Drama performances, quality work displays, Outdoor Education displays, open classrooms and facilities and, most importantly, a chance to talk with staff and students about what makes CCS a great place to learn.
Transition Team Primary School Visits	19 & 20 September, Week 9, Term 3	In Term 3 the Transition team, including the 2019 Year 7 Coordinator, will visit Year 6 students at their current primary school. This is an opportunity for CCS staff to meet the students enrolled in Year 7 at CCS in 2019 and for students to formally meet the teachers they will be working with during the transition to high school. During this time the CCS transition team will also meet with each student’s current teachers to collect information and put a Personalised Transition Plan into action if required.
Middle Years Mash-Up	Friday 9 November, Week 4, Term 4	By now students know which high school they’re attending, so this is a special event for all the kids who will be joining us at CCS in 2019. The day aims to start developing the relationships between students from different schools and continue the development of connections with CCS that started throughout the previous events through the Transition Program.

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Permission Form for Excursion:

I hereby give permission for my son/daughter:

(Given name) (Surname) School and Teacher

to participate in the above excursion on both dates as detailed.

I acknowledge the details listed on the cover sheet are correct and give permission for the supervising staff to seek medical attention for my child should they believe it is necessary. I am aware that I will be responsible for any medical expenses incurred and that free ambulance transportation (should it be required) only applies within the Australian Capital Territory.

My child suffers from the following pre-existing medical condition:

- _____
- I have completed attached Medical Forms as required by the Education Department.
 - I understand and accept that normal school rules apply during the excursion.
 - Staff accompanying students on the excursion will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.
 - Parents should be aware that staff members are not responsible for injuries or damage to property, which may occur on the excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

Media Permission

Caroline Chisholm School has a school Facebook page, which is used to share our successes with our community. Throughout this Transition event, many photos will be taken for the purpose of publishing to the CCS Facebook Page and CCS website. Student names will not be used. CCS understands and values parent support of this page and respects the desire of each family for their child's image to be used or not.

Please indicate your preference:

- I give permission** for my child's image to be published to the CCS Facebook Page and School Website.
- I DO NOT give permission** for my child's image to be published on the CCS Facebook Page and School Website.

Children without permission will not be excluded from events, but will simply wear a small sticker to indicate to CCS staff that images of this child are not to be published to the CCS Facebook page or website.

I have read the information attached regarding this excursion and understand what it contains. I give permission for my son/ daughter to attend the above excursion

Signed: _____
Parent / Carer

Date: _____

Emergency Contact details:

Name of Contact 1: _____

Relationship: _____

Contact number #1: _____

Contact number #2: _____

Name of Contact 2: _____

Relationship: _____

Contact number #1: _____

Contact number #2: _____

EXCURSION MEDICAL INFORMATION AND CONSENT FORM

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on a category C & D excursion, overseas excursion, sports and all outdoor adventure activities.

A copy of each student's form must be taken on the excursion.

The department collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998(Cwth)*. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Student's Name: Date of Birth:Sex: M F

School:.....School Year:.....Camp/Excursion:

Parent/Carer:

Address:

Contact Telephone Nos - Business Hours:..... After Hours..... Mobile:.....

Other Contact for Emergency: Telephone No:

Name of Student's Doctor: Telephone No:

Medicare No: Private Health Fund: Membership Number.....

Ambulance Fund:.....NOTE: Parents are responsible for ambulance costs outside the ACT

Please tick if your child suffers any of the following:

- | | | | | |
|--------------------------------------|---|--|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy | <input type="checkbox"/> hayfever | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> anaphylaxis | <input type="checkbox"/> diabetes | <input type="checkbox"/> fainting | <input type="checkbox"/> headaches | <input type="checkbox"/> reaction to drugs |
| <input type="checkbox"/> asthma | <input type="checkbox"/> eczema | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| | | | | <input type="checkbox"/> sun screen sensitivity |

other -

If you have ticked any of the boxes above an Emergency Treatment Plan must be provided. Proforma Plans are available from the school. *NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.*

Date of last tetanus injection:

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks? Yes No

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion.....

Is the student presently taking any medication? Yes No

If YES, please state name of medication, dosage, etc:.....

The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the students name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief? Yes No

Are you aware of any physical or psychological limitations of your child? Please give details.

.....

Is there any other information which you believe may help us to provide the best possible care?

.....

Consent to medical attention. In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the school providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed: Parent/Carer Date: