



# EMMANUEL CHRISTIAN COMMUNITY SCHOOL

## YEAR 9 SOCIAL EVENT NOTICE

05 August 2020

Dear Parent/Guardian,

The Year 9 students will be having their special dinner event on Friday 28<sup>th</sup> August, and we would like to invite you to be involved in a very special part at the beginning of the evening. You will have the wonderful opportunity to invest into the life of your child, to speak a blessing over them.

We all love our kids, we're all proud of them, but in the busyness of day to day life it's easy to forget to be intentional in actually *telling* them these things.

At the Year 9 Dinner, after a welcome and nibbles, we would love for you to take your son or daughter aside, to look them in the eye, and say to them:

- I am so proud of you because.....(and fill in the details).
- When I think of you I am full of joy because...
- Some of your best qualities are....
- Something truly special about you is.....
- I really admire the way that you....

It would also be wonderful if you could bring along cards and notes from other significant people, for example grandparents, aunts and uncles, saying the same sort of thing.

The idea is that the young people will be able to look back on this time, for years to come, and say, "They really love and value me!"

I have made a short video explaining more. Please have a look at <https://youtu.be/vuXm4WszvjU> or on the splash page of the school's SEQTA website.

Please contact me should you have any questions. I look forward to seeing you on the night.

**PERMISSION FORMS ARE DUE BACK BY: MONDAY 17<sup>th</sup> August 2020**

Thank you for your support.

Yours sincerely

\_\_\_\_\_

\_\_\_\_\_ Teacher



# EMMANUEL CHRISTIAN COMMUNITY SCHOOL

## DETAILS OF THE EVENT

**DATE:** Friday 28<sup>th</sup> August 2020

**TIME:** 6pm to 9.30pm

**THE VENUE:** The Pavilion Warehouse - Unit 2, 5 Bessemer Way, Wangara, Perth, WA

**FOOD/DRINKS:** Will be provided

**DRESS CODE:** Smart casual

**COST:** \$25 per student (subsidised cost) Payment must please be made online

Name: Emmanuel Christian Community School

BSB: 306-074

Account No: 0516107

Statement description: please insert      Remittance advice to be sent to: [bursar@eccs.wa.edu.au](mailto:bursar@eccs.wa.edu.au)

## ITINERARY

### **FAMILY PARTICIPATION**

- 6:00 – 6:15pm    Welcome Parents and Students Arrive  
6:15 – 6:45pm    Parents have photos with children and enjoy nibbles  
6:45 – 6:55pm    Guest Speaker – Chinyama Kangombe  
                         Importance of identity and speaking a Blessing over our Children  
6:55 – 7:10pm    Parents interaction with children  
                         Reading out/ speaking a blessing over your child  
7:10 – 7:15pm    Prayer over Children  
7:15pm            Parents leave

### **STUDENT ONLY PARTICIPATION**

- 7:20pm            Dinner served  
8:00pm            Dessert Served  
8:15pm            Dancing Time  
9:30pm            Parents collect Children



# EMMANUEL CHRISTIAN COMMUNITY SCHOOL

## PARENT/GUARDIAN CONSENT

### YEAR 9 SOCIAL EVENT – 28<sup>TH</sup> AUGUST 2020

I ..... Give permission for ..... Year .....

(Please print your name) (Please print student's name)

#### **PARENTS**

- We will be accompanying our child and participating in the planned parent-child conversations
- We will not be attending

To attend and participate in all the organised activities that are scheduled as follows:

#### **STUDENT BEHAVIOUR**

- I understand that in the event of my son's/daughter's misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home.
- I further understand that in such circumstances, I will be informed and that any costs associated with his/her return will be my responsibility.

#### **CONSENT FOR EMERGENCY TRANSPORTATION**

- In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff.

#### **MEDICAL CONSENT**

- I agree that in the event of injury to my child, Emmanuel Christian Community School is authorised by us to obtain at our expense any medical, ambulance or like services that staff in their absolute discretion think necessary or desirable.
- MEDICARE Number \_\_\_\_\_ Dependant No: \_\_\_\_\_
- I have read all the information provided by the school in relation to the excursion

#### **EMERGENCY CONTACT**

- Please contact me on: \_\_\_\_\_ OR: \_\_\_\_\_
- ALTERNATE CONTACT NAME: \_\_\_\_\_
- Relationship \_\_\_\_\_ Contact No: \_\_\_\_\_

#### **ALLERGIES**

- \_\_\_\_\_
- \_\_\_\_\_

We hope this experience will be both enjoyable and educational, laying the foundations for skills and attitudes that your child will continue to develop throughout and beyond their years at the school.

..... Printed Name of Parents/Guardian Signature of Parents/Guardian Date