



1st May 2016

Dear Parents,

NARA PRE-SCHOOL COMMUNITY INVOLVEMENT PROJECT – YEAR 4 STUDENTS

This year the Year 4 students will be involved in a Community Involvement Program at Nara-Preschool. This program will involve the students working with the 4 year old group on a writing project. Our students will work with the preschool children to write a story together. The program will not only provide students with an authentic purpose for their writing but also offers a wonderful opportunity to go out into the community to help and share with others. At the end of the program, we will be inviting parents to join us, as the students celebrate their journey and share their stories with you. More information about this sharing will follow later in the term.

The students will be walking to and from the preschool with two school staff. **Please note that Year 4J students will attend on a Tuesday and Year 4S students will attend on a Thursday.** Please find below a roster of the sessions that your child’s class will be involved in.

For each session, we will be leaving school at 11:30am and returning to school at approximately 12:30pm.

Year 4 J STUDENTS	WHEN
Tuesday 10 th May	11:30AM-12:30PM
Tuesday 17 th May	11:30AM-12:30PM
Tuesday 24 th May	11:30AM-12:30PM
Tuesday 31 st May	11:30AM-12:30PM

Year 4 S STUDENTS	WHEN
Thursday 12 th May	11:30AM-12:30PM
Thursday 19 th May	11:30AM-12:30PM
Thursday 26 th May	11:30AM-12:30PM
Thursday 2 nd June	11:30AM-12:30PM

In the event of rain, students will travel in the staff members cars listed below (staff cars are fully insured):

Sharon Reiss-Stone	Reg. TKJ 850		
Carolyn Datson	Reg. YEJ 837	Jo Snadden	Reg. ZTD 133
Lynn Gyuriak	Reg. 1CA 5MS	Helen Davies	Reg. 1DN 2ZV
Sharon Corkhill	Reg. ZPD 621		

Please sign the form below and return it to school by Friday 6th May



NARA PRE-SCHOOL community involvement project

I give permission for my childto walk to and from Nara Pre-school. In the event of rain I give permission for my child to travel in one of the staff members cars listed above. I authorise the teacher/parent in charge to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary. I understand that the Department of Early Childhood Education & Development (DEECD) does not provide student accident cover insurance.

Student’s Full Name: _____ Class: _____

Parent/ Guardian Name: _____

Signed: Parent/Guardian

Date: