

Coolamon Central School

Principal: Mr John Beer

Deputy Principal: Mr Kingsley Ireland

Caring is Central

December 2017

Dear Parents and Caregivers,

I hope everybody is looking forward to a well-deserved rest. To prepare students for the 2018 school year, students will need to ensure that they have their equipment ready and are prepared to continue their learning journey. Coolamon Central School offers a friendly and inviting atmosphere where students are able to take advantage of the K-12 learning environment and greater personalised learning. Teachers operate as lead learners in the classroom environment and encourage students to reach their full potential in all areas of their learning. The Riverina 'HOW2Learn' framework is the school's focus and is the foundation of the school plan, units of learning and classroom activities on a daily basis. Below is general information to ensure a smooth transition into 2018.

STARTING DATES K-12

Monday, 29 January 2018

Teaching staff return for Professional Learning.

Tuesday, 30 January 2018

New enrolments, together with Years 1-6, Year 7, Year 11 and Year 12.

Wednesday, 31 January 2018

Years 8, 9 & 10 return.

Tuesday, 30 January & Wednesday, 31 January 2018

Kindergarten students will be involved in Best Start Assessment (by appointment)

Thursday, 1 February 2018

All Kindergarten students will start their regular classes.

UNIFORM

We aim to have all our students looking their best and presenting the highest quality image of our school. The Coolamon Central School uniform is a requirement for all students, K-12, and is endorsed by the P&C. Uniform may be purchased from Lowes in Wagga Wagga. The School also has a second hand clothing pool where some uniform items can be purchased.

ATTENDANCE MATTERS - NOTES OF EXPLANATION

Parents or caregivers are required by law, to provide a written explanation to the Principal within seven days of any absence, as to why their child was not at school. An explanation is also required in the event of late arrival.

It is important that the school receives a written explanation because:

- It is a parent's legal obligation to explain their child's absence within seven days.
- It is a requirement that the school investigate all unexplained absences including persistent lateness.
- It avoids the school and Home School Liaison Officer from making unnecessary investigations.
- It is the way the school knows that your child was legitimately absent and not truanting from school.

Students arriving late to school must report to the front office to sign in and have a letter signed by a parent/guardian outlining the reason for lateness. Partial and full day absences are recorded on students' reports.

SCHOOL CONTRIBUTIONS

To enable us to enrich the educational environment provided, I strongly urge you to support the payment of these contributions. School contributions are an important aspect of our school community and extremely valuable in providing optimal learning opportunities at Coolamon Central School. All monies will assist the K-12 teaching and learning programs.

School Fees for 2018 are as follows	
Primary - (K-6)	\$65
Secondary - (7-12)	\$85
Family - \$170 (maximum per family)	\$170

Stage 5 Elective Fee's		Stage 6 Elective Fee's	
Industrial Technology – Timber	\$60 per year	Industrial Technology – Timber	\$80 per year
Food Technology	\$100 per year	Visual Arts	\$70 per year
Art	\$70 per year	Construction	\$100 per year
Music	\$20 per year	Hospitality	\$100 per year
Agriculture	\$80 per year	Music	\$20 per year
Industrial Technology – Metal	\$80 per year		

These contributions can be paid by either Eftpos or cash at the front office during school hours, or electronically through the parent online payment system which can be accessed through the Coolamon Central School website www.coolamon-c.schools.nsw.edu.au. With your generous support we can look forward to a positive and productive year.

Families will receive fee letters early Term 1; which will include compulsory elective fees for Years 9-12. Failure to pay these fees or consistently follow a payment plan will result in your child being unable to participate in the practical aspect of the elective course. This may mean that student has not met the minimum course requirements.

EXCURSION

Following is a list of proposed excursions for 2018 and approximate costing. All money is to be paid by the due date. Again, student assistance funding is available for parents to help meet these costs.

Excursion	Approx Cost	Approx Time
Early Stage 1	\$25	Early Term 4
Stage 2	\$250	Early Term 4
Stage 3	\$300	Early Term 4
Local Curriculum		Various dates

Excursion	Approx Cost	Approx Time
Year 7	\$150	Term 1, Week 5 or 6
Local curriculum excursion 7/12	\$30-\$50	Various times though out the year
Year 11 Crossroads	\$50	Term 1
Wellbeing	\$50	Term 3, Week 9 or 10
Snow Trip	\$160	Term 3, Week 5
Rep Sport	\$100	Various
Surf Trip	\$275	Term 4, Week 10

PRIMARY - please note changes in bell times

School for primary students will commence at 9.00am and conclude at 3.05pm. Parents are reminded that supervision is not provided before 8.40am. Students should not be attending school before this time.

9.00am – 9.10am Roll Call 11.10am – 11.40am Recess 1.30pm – 2.10pm Lunch

3.10pm End of school (assembly at 3.05pm)

SECONDARY

School for secondary students will commence at 8.50am and conclude at 3.10pm. School bell times are as follows:

8.50am – 9.10am Roll Call 11.10am – 11.30am Recess 1.30pm – 2.10pm Lunch

3.10pm End of school

I would like to request that students arrive on time to minimise disruption at the beginning of the day. The staff at Coolamon Central School welcome the opportunity to discuss your child's progress with you at any time throughout the school year. Please do not hesitate to arrange an appointment with your child's teacher/s through the school office.

Regards

CHANGE OF PERSONAL DETAILS

details have changed. Student Name:	To keep our records updated, please fill	out the form below, ONLY if any of your personal
Email:	details have changed.	
Email:	Student Name:	
Medical Conditions Please list any medical conditions that your child suffers from that we should be aware of (eg. Asthma, ADD, Epilepsy, Severe Headaches, Migraine, Allergies etc.). List of medical conditions and their related symptoms:- Condition Symptoms I hereby give the school permission to administer the following medication/emergency treatment, to my child, if required, for the above mentioned condition/s. (eg. ADD) Medication/Emergency Treatment Dosage (if applicable) Parental Contact Phone: Mother Home: Work: Mobile: Mobile	Address:	
Medical Conditions Please list any medical conditions that your child suffers from that we should be aware of (eg. Asthma, ADD, Epilepsy, Severe Headaches, Migraine, Allergies etc.). List of medical conditions and their related symptoms:- Condition Symptoms I hereby give the school permission to administer the following medication/emergency treatment, to my child, if required, for the above mentioned condition/s. (eg. ADD) Medication/Emergency Treatment Dosage (if applicable) Parental Contact Phone: Mother Home: Work: Mobile: Phone: Father Home: Work: Mobile: Emergency Contact – (other than Parent/Guardian) Name: Work: Work: Mobile: Mobile: Work: Mobile: Name: Relationship: Phone: Home: Work: Mobile: OR an ambulance in the event of an emergency.		
Please list any medical conditions that your child suffers from that we should be aware of (eg. Asthma, ADD, Epilepsy, Severe Headaches, Migraine, Allergies etc.). List of medical conditions and their related symptoms:- Condition	Email:	
Please list any medical conditions that your child suffers from that we should be aware of (eg. Asthma, ADD, Epilepsy, Severe Headaches, Migraine, Allergies etc.). List of medical conditions and their related symptoms:- Condition		
Severe Headaches, Migraine, Allergies etc.). List of medical conditions and their related symptoms:- Condition Symptoms I hereby give the school permission to administer the following medication/emergency treatment, to my child, if required, for the above mentioned condition/s. (eg. ADD) Medication/Emergency Treatment Dosage (if applicable) Parental Contact Phone: Mother Home: Work: Mobile: Phone: Father Home: Work: Mobile: Work: Mobile: Mobile: Work: Mobile: Mobile	Medical Conditions	
List of medical conditions and their related symptoms: Condition		ffers from that we should be aware of (eg. Asthma, ADD, Epilepsy
Lereby give the school permission to administer the following medication/emergency treatment, to my child, if required, for the above mentioned condition/s. (eg. ADD) Medication/Emergency Treatment Dosage (if applicable)		
I hereby give the school permission to administer the following medication/emergency treatment, to my child, if required, for the above mentioned condition/s. (eg. ADD) Medication/Emergency Treatment		
required, for the above mentioned condition/s. (eg. ADD) Medication/Emergency Treatment	Condition	Symptoms
required, for the above mentioned condition/s. (eg. ADD) Medication/Emergency Treatment		
required, for the above mentioned condition/s. (eg. ADD) Medication/Emergency Treatment		
Parental Contact Phone: Mother Home: Work: Mobile: Mob		
Parental Contact Phone: Mother Home: Work: Mobile: Mob	I hereby give the school permission to administer	the following medication/emergency treatment to my child in
Medication/Emergency Treatment Dosage (if applicable) Parental Contact Phone: Mother Home:	, ,	
Parental Contact Phone: Mother Home: Work: Mobile: Phone: Father Home: Work: Mobile: M		
Phone: Mother Home: Work: Mobile: Phone: Father Home: Work: Mobile: Work: Mobile: Mobi		
Phone: Mother Home: Work: Mobile: Phone: Father Home: Work: Mobile: Work: Mobile: Mobi		
Phone: Mother Home: Work: Mobile: Phone: Father Home: Work: Mobile: Work: Mobile: Mobi		·
Phone: Father Home:	Parental Contact	
Emergency Contact – (other than Parent/Guardian) Name:		
Name:	Phone: Father Home: Work:	Mobile:
Name:		
Mobile:		
Name:Relationship:Phone: Home: Work: Mobile: I give permission for the school to call DrPhone:OR an ambulance in the event of an emergency.	•	Phone: Home: Work: Work:
Mobile:		Dhana, Hama, Marki
I give permission for the school to call Dr		Work
the event of an emergency.		Phone: OR an ambulance in
		On an ambalance in
Signed:Parent/Guardian Date:	the event of an emergency.	
Signed:Parent/Guardian Date:Date:		
	Signed:	Parent/Guardian Date: