

Life Education

To Parent and Carers,

Next term, students will be participating in the **Life Education** program. This is an education program offering well designed school based health education to help children develop strategies and skills to make positive choices. Students will join Healthy Harold and his team of educators to learn more about healthy food choices, importance of physical activity, safety, friendships and emotions.

The program will run between Week 2, Monday 7 May and Week 3, Wednesday 16 May. The cost is \$10 per student.

Attendance is optional. Schools may offer or facilitate specific optional items, activities and services for which parents are required to pay if they want their child to access them. These opportunities are classified as optional enrichment programs. If you do not wish your child to attend then an alternate program will be available at school.

Parents who wish their child to attend can pay the full amount within the given timeframe, or alternatively, make arrangements to make regular payments through an agreed payment plan. The Student Support fund that may be accessed to support students is used for educational purposes and to support students with a variety of educational needs. As this is an optional enrichment activity, the Student Support fund does not cover this excursion.

We hope all students are able to attend and participate in this valuable learning experience.

LIFE EDUCATION PROGRAM

I give permission for _____ Class _____

to attend the Life Education program.

Parent Name: _____

Signed: _____ Date: ___ / ___ / ___

Mode of Payment: Life Education

NB: Please place *payment only* inside an envelope, clearly marked with your child's name and class and **return to your child's classroom teacher**. Please contact Alice in the Front Office if you wish to arrange a payment schedule.

Child's Name: _____ Class: _____

Direct Deposit: BSB 032777 A/C 001228 Identifier: **LIFE and student's name**
Cost: **\$10**

Cash **Cheque** (Please make payable to Duffy Primary School)

Please debit my **MasterCard** **Visa** Amount \$ _____

Card number:

Cardholder's name: _____ Expiry date: ___ / ___

Signature: _____