EPPING BOYS HIGH SCHOOL

213 Vimiera Road, EASTWOOD, NSW 2122

Ph: 9869 2701 Fax: 9868 1198 Email: [eppingboy-h.school@det.nsw.edu.au](mailto:eppingboy-h.school@det.nsw.edu.au)

Relieving Principal: Jessica Schadel



Dear Parent/Caregiver,

We are pleased to inform you that we operate a Homework and Learning Centre on Monday afternoons.

Details for the afternoon Homework Centre:

When: Every Monday afternoon

Time: 3.30pm – 4.30pm

Where: Epping Boys High School Library

Why: To support and assist students with homework, assignments/assessment tasks, English language skills, reading and organisation/study skills.

The Homework Centre is open to all students, Years 7-12 regardless of learning needs and abilities.

The Centre will be staffed by: Ms Laird, Ms Burke, subject specific teachers and Senior Student Mentors.

If you would like your son to attend, please complete the permission slip below and return to Administration.

**NOTE**: Transport arrangements for your son at the conclusion of each Monday afternoon session (4.30pm) MUST be made by the parent/guardian.

Regards,



Jessica Schadel Alison Laird

Relieving Principal Teacher

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**Permission Slip – Afternoon Homework Centre**

I give permission for my son \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name) of Roll Call \_\_\_\_\_\_\_\_\_ to attend the

Monday afternoon Homework and Learning Centre between 3.30pm – 4.30pm.

🞏 I am aware that my son will make his own way home at the conclusion of the homework session.

My son has the following special needs/allergies (please provide full details and include any relevant medical details)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents must supply all necessary medication for their son (e.g Epi Pen, Asthma puffer, allergy medication)

I give/do not give permission for my son to receive medical treatment in case of an emergency.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent /Caregiver

Please provide the following Parent/caregiver contact details:

Mobile phone 1 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_