Dear Parents & Families,

I hope you all had a safe and happy Easter and possibly enjoyed some rest.

Thank you to all the positive comments we received about the Easter Paraliturgies held in last week of Term One. They were well attended by families. The cross depicting Jesus’ journey to Calvary was on display in the church over Easter. A big thank you to everyone for all their efforts.

Thank you to the Parents and Friends Committee for organising the Easter Raffle and to the many parents who donated chocolates. There were enough donations to make up seven hampers. Congratulations to all the lucky Easter Raffle winners. Please see photo attached to see lots of smiling faces!

School Photos will be taken on Monday April 28. Please ensure that your child is in full Summer Uniform for the photographs, including black shoes.

A Prep 2015 Information Night will be held on Wednesday April 30 at 7.00pm. This night is for parents of children who will commence school in 2015. Please see the attached flyer for details and dates about Enrolment.

This week we welcome back Catherine Laycock. Catherine has been caring for her daughter who is recovering well. We continue to wish her a speedy recovery.

Photos from the School Disco were sent home today. This was a great initiative by The Parents and Friends Association. Over $200 was raised.

Thank you to all who responded to the Parent Teacher Interview Survey. This is still available on our school app. The results will be looked at the next School Education Board meeting on May 14.

A reminder this Friday is ANZAC Day and is a public holiday. No school this Friday. The students will participate in an ANZAC Day reflection on Thursday.

Mr Burke will be on Study leave this week returning next Monday April 28. Please see Tony Mizzi or Anna Jonglebloed if you need any assistance.

Regards,
Tony Mizzi

AASC – TERM 2
Soccer – Tuesdays commencing 6th May
Hockey – Thursdays commencing 8th May

Forms must be returned back to school by Thursday 1st May. Numbers are limited so please return your form ASAP for your child to participate in the activities. All year levels welcome, included the Prep children.

OLW 2014 SCHOOL CALENDAR

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<th>APRIL</th>
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<tr>
<td>TUE 22</td>
<td>FIRST DAY OF TERM 2</td>
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<td>FRI 25</td>
<td>ANZAC DAY – PUBLIC HOLIDAY</td>
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<tr>
<td>MON 28</td>
<td>SCHOOL PHOTOS – SUMMER UNIFORM</td>
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<tr>
<td>WED 30</td>
<td>PREP 2015 INFORMATION NIGHT @ 7.00PM</td>
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ENROLMENTS FOR 2015

An Information Evening will be held at the school on Wednesday April 30th at 7.00 p.m

Our Lady of the Way offers:

- A Quality Catholic Education
- Religious Education
- A Special Education Program
- Reading Recovery
- Specialised Support
- A Daily Two Hour Literacy Block (Prep – Year 6)
- A Comprehensive Curriculum
- ICT in Every Classroom
- Multimodal Technologies
- A Visual Arts Program
- L.O.T.E. Years P - 6
- Phys. Ed. & Sport Programs
- Access to and from Out of School Hours Care
- A Well Stocked Library
- An opportunity to be actively involved in your child’s education.

Forthcoming Events & Dates:

- Tours of the School on Thursday May 8th & Thursday May 15th at 9.15 a.m.
- Enrolment Applications close on Thursday June 5th.
- Interviews will be held on Thursday 19th June and Thursday June 26th.

For further information please contact the Principal

Mr. Kevin Burke
Phone 9460 6684
email: principal@olwkingbury.catholic.edu.au

Easter Raffle Winners!
Active After-school Communities Student Consent Form

SOC tsoer

When:  TUESDAYS commencing 6th May 2014 for 7 weeks
Where:  Our Lady of the Way School

To participate in the Active After-school Communities Program SOC tsoer all children must return the Student Consent Form by THURSDAY 1st May, 2014.

Child's details:

Name: ________________________
DOB: ________________________ School Year: ______ M/F: ______

Are there any activities the child should not participate in?

__________________________________________________________

Does the child have any medical conditions which the AASC supervising staff need to be aware of?

__________________________________________________________

__________________________________________________________

CHILD'S DOCTOR/MEDICAL SPECIALIST:

NAME: ________________________ PHONE: ________________________

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: ________________________ PHONE: ________________________

☐ I consent to the Australian Sports Commission (ASC) recording, reproducing and publishing images of the AASC program at work. The images may include photographic, video and audio representations of my child. The images may be reproduced and published by the ASC in ASC publications, posters, presentations, promotional broadcasts, promotional events, reports and ASC websites in any and all media.
Active After-school Communities Participation Agreement:

- I give permission for my child to participate in the Active After-school Communities SOCCER.

- I acknowledge and agree that the School’s normal behaviour management and disciplinary procedures will apply and that the Supervising staff will apply these procedures during the conduct of the SOCCER.

- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the supervisor to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.

- I have provided all information necessary for supervisors to plan safe and reasonable health care support for my child. This includes, if relevant, information about any activity modifications my child may require for medical reasons.

- I consent to my child’s doctor or medical specialist being contacted by medical personnel in an emergency.

- The information given is accurate to the best of my knowledge.

- I acknowledge and agree that the Centre collects personal information for the purposes of conducting the Activities, and that the Centre may provide this personal information to the ASC for the purposes of the ASC administering, evaluating and reporting on the Active After-School Communities Program.

- I agree to release the ASC from any liability to my child for any injury or illness that my child may suffer, and for any loss or damage to property in connection with the SOCCER, except where that liability arises as a result of negligence of the ASC.

I have read and consent to the Agreement above and on the reverse side of this document.

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For further information on the Active After-school Communities Program please visit www.ausport.gov.au/aasc or contact:

School / OSHCS Coordinator Name: Kathy Pullen
Contact Number: 9460 6684
Active After-school Communities Student Consent Form

HOCKEY

When: THURSDAYS commencing 8th May 2014 for 7 weeks
Where: Our Lady of the Way School

To participate in the Active After-school Communities Program SOCCER all children must return the Student Consent Form by THURSDAY 1st May, 2014.

Child’s details:

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<th>M/F:</th>
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Are there any activities the child should not participate in?

________________________________________________________________________

Does the child have any medical conditions which the AASC supervising staff need to be aware of?

________________________________________________________________________

CHILD’S DOCTOR/MEDICAL SPECIALIST:

NAME: ______________________ PHONE: ______________________

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: ______________________ PHONE: ______________________

☐ I consent to the Australian Sports Commission (ASC) recording, reproducing and publishing images of the AASC program at work. The images may include photographic, video and audio representations of my child. The images may be reproduced and published by the ASC in ASC publications, posters, presentations, promotional broadcasts, promotional events, reports and ASC websites in any and all media.
Active After-school Communities Participation Agreement:

- I give permission for my child to participate in the Active After-school Communities HOCKEY.

- I acknowledge and agree that the School's normal behaviour management and disciplinary procedures will apply and that the Supervising staff will apply these procedures during the conduct of the HOCKEY.

- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the supervisor to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.

- I have provided all information necessary for supervisors to plan safe and reasonable health care support for my child. This includes, if relevant, information about any activity modifications my child may require for medical reasons.

- I consent to my child's doctor or medical specialist being contacted by medical personnel in an emergency.

- The information given is accurate to the best of my knowledge.

- I acknowledge and agree that the Centre collects personal information for the purposes of conducting the Activities, and that the Centre may provide this personal information to the ASC for the purposes of the ASC administering, evaluating and reporting on the Active After-School Communities Program.

- I agree to release the ASC from any liability to my child for any injury or illness that my child may suffer, and for any loss or damage to property in connection with the HOCKEY, except where that liability arises as a result of negligence of the ASC.

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