

19 May 2025



*Creating the Future*

**LOWOOD**  
STATE HIGH SCHOOL

PO Box 138, Prospect Street, Lowood QLD 4311

Dear Parent/Carer

## Lowood State High School – Writing Experience Day

On **Wednesday, 25 June 2025**, we are inviting Year 6 students from the local primary schools to attend Lowood State High School for a Writing Experience Day.

The aim of this activity is to allow students who have a keen interest in creative writing, to build upon the skills required, through instruction and activities with high school teachers. It will also provide students with an opportunity to become familiar with the school and staff members. This opportunity could support students to transition more easily into high school.

This exciting opportunity links to the following PERMAH Pillars:

**E – Positive Engagement** – opportunities to engage in activities that they will enjoy and that will require the use of their strengths and skills

**R – Positive Relationships** – making new friends and meeting teachers

### Activity Details

**Venue:** Lowood State High School

**Cost:** Nil

**Dates:** Wednesday, 25 June 2025

**Transport:** Own transport

**Start:** 9:00am – 3:00pm. Please meet at the Lowood SHS Hall between 8.45am and 9am

**Equipment:** Primary school uniform, enclosed footwear, pencil case

**Lunch:** Students may bring their own morning tea and lunch, or teachers will assist students to pre-order and purchase food at the LSHS Canteen – see attached menu

**Risk Level:** Low

The **'Phones away for the Day'** policy applies on all school activities and excursions. Consequences will apply to students who do not follow Lowood State High School's Mobile Phone Policy.

There are limited spaces available and places will be assigned on a 'first-in' basis. Please complete the attached **Activity Consent Form** and return to **Lowood State High School by 3:00pm Wednesday, 18 June 2025**. You can do this by handing your Activity Consent Form into the Lowood SHS Office or emailing it to [office@lowoodshs.eq.edu.au](mailto:office@lowoodshs.eq.edu.au). Confirmations of participation will be sent by email on Friday, 20 June 2025 to confirm your student's attendance.

**N.B. - DO NOT RETURN YOUR ACTIVITY CONSENT FORM INTO YOUR PRIMARY SCHOOL TEACHER OR PRIMARY SCHOOL OFFICE.**

For further information about this activity, please contact Chris McCall by phone on 5427 8333, or by email at [cdmcc0@eq.edu.au](mailto:cdmcc0@eq.edu.au). We look forward to your student's attendance and to helping them to develop their writing skills.

Yours sincerely

Chris McCall  
Head of Department – English

Corinne Roberts  
Deputy Principal

Stacey Beu  
Principal

# Activity Consent Form – Writing Experience Day 2025

## Activity Details

**Venue:** Lowood State High School  
**Cost:** Nil  
**Date:** Wednesday 25 June 2025  
**Transport:** Own transport  
**Start:** 9:00am – 3:00pm. Please meet at the Lowood SHS Hall between 8.45am and 9am  
**Equipment:** Primary school uniform and enclosed footwear, pencil case  
**Lunch:** Students may bring their own morning tea and lunch, or teachers will assist students to pre-order/purchase food at the LSHS Canteen – see attached menu  
**Risk Level:** Low

The 'Phones away for the Day' policy applies at Lowood State High School. Consequences will apply to students who do not follow Lowood State High School's Mobile Phone Policy.

**THIS FORM MUST be returned to Lowood State High School ONLY.** You can do this by handing your **Activity Consent Form** into the Lowood SHS Office or emailing it to [office@lowoodshs.eq.edu.au](mailto:office@lowoodshs.eq.edu.au). We will attempt to accommodate as many first preferences as possible, but can not guarantee this.

**N.B. - DO NOT HAND THIS ACTIVITY CONSENT FORM INTO YOUR PRIMARY SCHOOL TEACHER OR PRIMARY SCHOOL OFFICE.**

## Consent Details

Student/Person's Name (in full): \_\_\_\_\_ Year Level: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Parent/Carer: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Details: Phone \_\_\_\_\_ Email \_\_\_\_\_

Student's Primary School: \_\_\_\_\_

### Consent

By signing this form, I agree to all the following statements:

- I have read all of the information contained in this form in relation to the activity (including any attached material)
- I am aware that the department does not have personal accident insurance cover for students.
- I give consent for the named student to participate in the identified activity.
- I will pay to the school the costs detailed in this consent form for the student's participation in the activity.
- I agree to and understand the refund policy as it applies to this activity (see Activity costs)
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the student may reasonably require, including contacting their doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school with all relevant details of the student's medical or physical needs on registration/enrolment and where relevant have updated this information.
- I give consent for student contact information to be shared in relation to this activity in compliance with relevant Queensland Chief Health Officer's Directions.

### Activity Risks and Insurance

The Department of Education does not have personal accident insurance cover for students. If a student is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carers. Some incidental medical costs may be covered by Medicare. If the parent/carers has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carers. It is up to the parent/carers to decide the type/s and level of private insurance they wish to arrange to cover their student. Please take this into consideration in deciding whether or not to allow the student to participate in this activity.



# Activity Consent Form – Writing Experience Day 2025

## Privacy Statement

The Department of Education is collecting the personal information in this form in order to:

- obtain consent for the named student to participate in this activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised departmental staff. The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g. in compliance with relevant Queensland Chief Health Officer's Directions.

## Parent/Carer must sign here to Consent to Activity.

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Additional Medical Information

The school collected medical information about your student on their enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your student's full participation in the activity described in the Parent/Carer Letter and on the Activity Consent Form.

## You may also wish to provide the following optional information

Name of Student's Medical Practitioner: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Medicare No: \_\_\_\_\_

Private Health Insurance Company (if applicable): \_\_\_\_\_ Membership No: \_\_\_\_\_

If you would like this additional information to be recorded in OneSchool records, please complete a Student Details Information Update Form. The Student Details Information Update Forms are available at the Office.

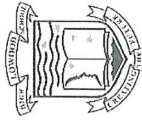
\*Students who are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.

## Medication requirements

Will your student require medication during this activity/camp? Yes ☐ No ☐

Does the student require staff to administer their medication? Yes ☐ No ☐

Does the student have approval to self-administer their medication at school? Yes ☐ No ☐



# Lowood State High School Canteen Menu



The prices are subject to change at the discretion of the P&C - Lunch Orders before 1st bell welcome

<u>HOT FOODS</u>		<u>COLD BOX</u>		<u>DRINKS</u>
<b>BURGERS</b>		<b>SANDWICHES / ROLLS/WRAPS</b>		<b>MILK</b>
* Chicken Burger, lettuce, mayo	\$6.00			* 300ml Flavored \$3.00
* Chicken Tender, lettuce, Kebab Sauce	\$5.00	* All Toasties	\$5.50	* 500ml Flavored \$4.50
* Hamburger (ORDERS ONLY)	\$7.50	* Ham and cheese	\$5.50	*
* Cheese Burger, lettuce, BBQ sauce	\$6.00	* Ham, cheese and tomato	\$5.50	* 500ml Plain \$3.00
* Chicken Taste, sweet chilli sauce, cheese, toasted Wrap	\$5.00	* Cheese	\$4.00	
		* Cheese and tomato	\$4.50	<b>JUICE</b>
		* Chicken, cheese and mayo	\$6.00	* Poppers \$2.00
<b>GRAVY ROLLS</b>		* Egg and lettuce	\$5.50	* 250ml \$3.00
* Chicken	\$5.00	* Salad	\$5.50	* 350ml \$4.00
		* Salad container small	\$5.50	<b>WATER</b>
		* Salad container large	\$6.50	* 600ml \$1.50
* Chicken Kebab	\$7.00			* 1.5lt \$2.50
		<b>EXTRAS</b>		* Flavored Water \$4.00
<b>OTHER</b>				<b>ICE CREAMS</b>
* Garlic Bread	\$2.50			* Various \$2.00
* Pizza (Thursday & Friday)	\$6.00			* Fruit Tube \$0.80
* Potato Pie	\$6.00	* Egg	\$0.50	<b>FRUIT</b>
* Meat Pie	\$6.00	* Meat	\$1.50	* Fruit tub – Watermelon or Rock melon \$4.50
* Sausage Roll	\$6.00			
* Meatball Sub	\$5.00			
* Fried Rice	\$6.00			
* Butter Chicken	\$6.00			
* Spaghetti Bolognese	\$6.00			
				Sauce portions \$0.50