



Stay, Sort and Serve

HOME & Karinya House Event

Dear Parents/Guardians,

The annual St Edmund's 'Stay, Sort, and Serve' will be held on **Friday June 14th** from 4pm. This event supports Karinya House and HOME in Queanbeyan, organizations with which our College has maintained strong links through years of fundraising and community engagement.

Students from years 4-12 will stay after school to learn more about the important work of HOME and Karinya House. Guest speakers from each organisation will provide insights into their operations. During the "Stay Over," the students will work in small groups to sort and pack donations and goods provided by the Eddies community, ensuring they are ready for delivery.

Event Details:

- **Date:** Friday, 14th June
- **Meeting time:** 3:30pm (for a 4pm start) in the ERC
- **Dismissal:** 6pm
- **Donation:** \$10
- **Dress code:** Casual clothes
- **Teachers in Charge:** Ms. Cusack and Ms. Wilson

A light afternoon tea will be provided for the boys, if there are any dietary requirements, please let us know.

If you have any questions about this event, please contact Ms Wilson in Highschool cwilson@sec.act.edu.au or Ms Cusack in the Junior School bcusack@sec.act.edu.au . Please return the permission form by Wednesday, 12th June.

Thank you for your support.

Kind regards,

Carmela Wilson

cwilson@sec.act.edu.au



Permission Note:

I, _____ (Parent/Guardian Name), give permission for my child,
_____ (Student Name), to participate in the 'Stay, Sort, and Serve'
event at St Edmund's College on Friday, 14th June.

I understand that my child will stay after school and participate in activities related to supporting Karinya House and HOME in Queanbeyan. I have discussed with my child the importance of following instructions and behaving responsibly during the event.

I also understand the event to conclude by 6pm and have made suitable pick up arrangements.

Emergency Contact Information:

- **Emergency Contact Name:** _____
- **Emergency Contact Number:** _____

Medical Information:

- **Does your child have any medical conditions or allergies?** Yes / No (circle one)
 - If yes, please provide details:

Parent/Guardian Signature: _____

Date: _____