Year 6 Classroom Rules

Take pride in our classroom, our work and ourselves.

Listen to others and respect their opinions.

Be friendly and polite at all times.

Have Fun!

Rewards

**Afternoon fun:** The students earn the right to participate in ‘Power Play’ (20 minutes free time on a Friday) by displaying good behaviour. This is monitored using the power play letters.

**House tokens:** Whole class reward system.

**Merit Awards:** For recognition of attitudes, behaviours and academic effort. These will be presented at assemblies.

Praise, praise and more praise!

Negative Consequences

**Daily:**

**First Offence:** Name on board

**Second Offence:** Cross next to name and 5 minutes in at lunch/ recess.

**Third Offence:** 2nd cross and reflection sheet sent home to parents to be discussed and signed.

**Fourth Offence:** Student sent to office.

**SERIOUS CLAUSE** — Any serious or unacceptable behaviour may result in immediate removal from the classroom to the Principal’s office.
HOMEWORK POLICY

Year 6s are expected to complete 40 – 45 minutes a night.
This will generally consist of:

- 15 minutes reading, followed by writing 8-10 lines about what they have read.
  (Reading Journal)
- 10 – 15 minutes spelling practice
- 10 – 15 minutes Math worksheet and basic number practice.

Homework may occasionally consist of the completion of class work, or an external classroom assignment.
If students do not understand the homework set, or are unable to complete it, please let me know in writing (note in diary), or in person no later then Wednesday.

HOW CAN PARENTS HELP?

Help set up a consistent, organised place for homework to be done.

Help your child establish a consistent schedule for completing homework.

Encourage, motivate and prompt your child but do not sit with them. The purpose is for your child to practise and use what they have learned. If they are unable to complete it by themselves, please let me know.

If homework goes over the specified time and they have not completed it, stop them. Again, please let me know.
Specialist Teachers:

**History:** Monday, 9.35am - 10:35am with Mrs Young

**Music:** Tuesday 12:00pm – 1:00am with Mrs Langan

**Art:** Wednesday, 11:00 – 12:00pm with Mrs Fuller

**Sport:** Wednesday, 9.35am-10.35am with Mrs Langan. (Faction T-shirts) Thursday with Miss Figueiredo. Thursday sport time will consist of Bluearth activities (Yellow T-shirts or Leavers Shirts – when organised).

**Library:** Thursday, 11.30am – 12.00pm, borrowing and exchange with Mrs Gallin.

General Information:

If you have any concerns, please make an appointment to see me before or after school. I am unable to meet with parents on Monday afternoons, due to staff meetings.

I would prefer if parents drop students at the door in the morning so they can get organised for the day and interact with each other.

**All absentee days need to be accounted for in writing, the day your child returns to school. This is a legal requirement. The phone call is not enough.**

Parents collecting children during school times for appointments need to sign their child in and out at the office.

Correct uniform is expected to be worn at all times. If this is not possible for whatever reason, please send a note explaining why. Uniform notes will be sent home with children not complying with the school’s Uniform and Grooming Policy.

Please contact me at any time.

**My email:**  figureiredo.sophie@cathednet.wa.edu.au
Expenses in Year Six:

These are based on previous years and are approximations.
Leavers Shirt: $25-$30
Camp: $420
Adventure World: $30
Class Photo Book Momento: $15

I will be looking for a class representative to organise the Leavers Shirt and Class Photo Book.

Donations:

Any donations of the following will be appreciated.

- Magazines (appropriate ones)
- Age appropriate novels
- Off cuts of material/ wrapping paper
- Covers of birthday/Christmas cards
- Ribbons, buttons, etc.

Important Information for the Term

Important Dates:
- Monday 8th-Friday 19th of February, Swimming Lessons
- Thursday 11th of February, Parent Meeting
- Tuesday 23rd of February, 6pm, Sacramental Enrolment Evening
- Wednesday 24th- Friday 26th of February, Miss Figueiredo away
- Friday 25th March, Good Friday
- Monday 28th of March, Easter Monday
• Tuesday 29th March, Easter Tuesday Holiday
• Thursday 31st of March, Swimming Carnival
• Thursday th of April Term One ends

Chrome books:

It is vital students come each day with their Chrome Book fully charged. This is your child’s responsibility. If students do come to school without their Chrome Book ready for use they will be required to complete any essential work, they were unable to complete in class, at home.

Finally.........My Expectations for this year:

As leaders of St Joseph’s School, I expect a high standard from the Year 6 class. Everything they do, from the pride they take in their uniforms to their behaviour during the day, should set positive examples for the rest of the school to follow. I expect them to always try their best, never give up and be the best people possible.

Once again I looked forward to the term ahead and encourage you to contact me should you have any questions or concerns.

Kind Regard,

Sophie Figueiredo

Year Six Teacher
11/02/16

Dear Parents,

Venue: Camp Quaranup, Albany

Date: 16th – 20th May, 2016

Time: Depart school at 9.00am Monday, 16th May
Return to school at 2.45pm Friday, 20th May

Requirements: See attached List. Please ensure all items are clearly labelled.

Transport: Via Coach and driver hired from Paul Anzellino

Supervisors: Mr Bienkowski and Miss Figueiredo

A medical form and all permission slips are attached to this letter. Please complete this form and return it to school by the end of Week 8 (March 25th). If your child requires medication on camp, this needs to be packed together, clearly labelled (with name and instructions) and handed to Miss Figueiredo on the day of departure.

Please be aware that each student will be rostered on kitchen and cleaning duties, involving clearing and wiping of tables, washing and drying of dishes, as well as sweeping of floors. It would be greatly appreciated if you could ensure your child has developed these special skills prior to departure.

Yours sincerely,

Sophie Figueiredo
Year 6 Class Teacher
Year Six Camp - Permission Slips

Name of Child: __________________________

I give permission for my child to attend the Year 6 camp from May 16-20 at Camp Quaranup in Albany. I acknowledge that they will be travelling by bus to, from and throughout the duration of camp. I also give permission in case of an emergency, for my child to travel in Mr Bienkowski’s car or ambulance to obtain medical attention, if needed.

Parent signature: ________________ Date: __________

Excursions: I give permission for my child to attend and participate in all excursions while at camp.

Parent signature: ________________ Date: __________

Medication: Details of medication (frequency, dosage etc.) are to be sent in writing to Miss Figueiredo. Please ensure that any medication required is labelled with your child’s name and given to Miss Figueiredo upon arrival at school, prior to departure for camp.

I give permission for the teachers to administer medication, as per my instructions.

Parent signature: ________________ Date: __________

I give permission for the teachers to administer any over the counter medication, as per instructions on the label, as required.

Parent signature: ________________ Date: __________

PG Movies: I give permission for my child to watch PG rated movies on camp.

Parent signature: ________________ Date: __________

Behaviour Pact: Consideration for others and co-operation with others will be expected at all times. Anyone not abiding by the camp rules will be asked to leave, because they are spoiling the enjoyment of the experience and possibly endangering the lives of others. Their parents will be contacted to collect them.

I __________________________ and my parent/s __________________________ agree to these conditions.

Student signature: __________________________

Parent/s signature: __________________________ Date: __________
ST JOSEPH'S SCHOOL
CAMP MEDICAL INFORMATION SHEET

Please note: The information provided on this sheet will be treated with strict confidentiality. Only Mr Bienkowski and Miss Figueiredo will have access to it.

NAME: ___________________________ D.O.B. ___________________________
ADDRESS: ___________________________________________________________
MUM'S PHONE: __________ WORK: __________ MOBILE: __________
DAD'S PHONE: __________ WORK: __________ MOBILE: __________
CONTACT IF NO ONE ELSE CAN BE REACHED: _____________________________
HOME PHONE NO: __________ WORK: __________ MOBILE: __________
MEDICAL INSURANCE? YES/NO NAME OF FUND AND MEMBER #: __________
AMBULANCE COVER? YES/NO MEDICARE NUMBER: _____________________
DOCTOR'S NAME: __________________ PHONE NO: ___________________
TETANUS BOOSTER IN THE LAST 12 MONTHS? YES/NO ______

PLEASE CIRCLE ANY MEDICAL CONDITIONS BELOW YOUR CHILD SUFFERS FROM:

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<thead>
<tr>
<th>Condition</th>
<th>YES/NO</th>
<th>Condition</th>
<th>YES/NO</th>
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<tbody>
<tr>
<td>Heart Problems</td>
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<td>Diabetes</td>
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<td>Asthma/Respiration Issues</td>
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<td>Blood Pressure</td>
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<td>Bed Wetting</td>
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<td>Epilepsy</td>
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<td>Drug Allergies</td>
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<td>Phobias</td>
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<td>Food Allergies</td>
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<td>Recent Illness or operation</td>
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<td>Other Allergies</td>
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<td>Bed Wetting</td>
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<td>Other Issues</td>
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Please give details of anything marked “YES” above:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please give details of any medication being taken by your child including dosage, frequency etc. ALL MEDICATIONS MUST BE CLEARLY LABELLED AND GIVEN TO THE TEACHERS.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I hereby authorise the teacher in charge, or a representative, to obtain medical attention as may be deemed necessary and I understand that I am responsible for the costs. I further authorise qualified practitioners to administer anaesthetic and blood transfusions if the necessity arises.

PARENT/GUARDIAN SIGNATURE: ___________________________ DATE: __________
CAMP PACKING LIST

All articles are to be clearly labelled

- Sleeping bag
- Pillow & pillowslip
- Fitted, or flat sheet
- 1 pair thongs to wear in the showers and in the evenings
- Sleeping attire (pyjamas, or tracksuit)
- Torch
- Personal toiletries (roll-on deodorant, soap, toothpaste and toothbrush, hairbrush and/or comb, shampoo, etc.)
- Sunscreen
- Underwear for 5 days
- 2 towels
- Casual warm clothes – eg. jeans, tracksuit, windcheater/jumper
- Casual cool clothes – eg. shorts and t-shirts
- Insect repellent (roll on please)
- Joggers/sneakers/walking shoes
- Socks – one pair for each day
- Hat/cap
- Refillable water bottle
- Raincoat, or weatherproof jacket
- Recess, lunch and a water bottle for Monday
- Large plastic bag for dirty laundry
- Pencil case with writing materials
- A book, or magazine to read
- Back pack/day pack
- Camera
- Some lollies/snacks however NO bubble-gum or chewing gum
- A hand reel with a lure (no rods or bait permitted).

NOT PERMITTED
Money, jewellery, electronic games/gadgets, iPads, mobile phones, bubble/chewing gum, aerosols (eg deodorant)

CAMP CONTACT DETAILS
(to be used only in case of emergency)

Mr Bienkowski’s Phone: 0477 360 995
Camp Quaranup Phone: 08 9844 4087