



**McCarthy Catholic College**  
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15 February 2018

Dear Parent / Guardian,

In supporting your child's wellbeing and faith development, McCarthy Catholic College has organized a compulsory retreat experience at Collaroy Conference Centre, Collaroy.

The focus of this retreat are:

- Building a sense of community by increasing positive relationships between Christ and one another
- Modelling Christ's Mission and our College motto of Integrity, Justice and Peace.

**Year/Class:** Year 11  
**Dates:** Monday 5th March and Tuesday 6th March 2018  
**Venue:** Collaroy Conference Centre  
**Cost:** *No cost involved as this is covered under Excursion Fees Levy on school fees*  
**Meals:** Provided  
**Clothes:** Casual  
**Depart:** 8:00am Monday 5th March 2018 from the College. Students must be at school by 7:30am.  
**Return:** 4:00pm Tuesday 6th March 2018 *(Delays may occur, expected time of return may vary).*  
**Transport:** Coach  
**Emergency contact number:** 0407 292 477

Please return permission slip below to Mr Feeney or homeroom teacher. We are very proud of the partnership between your home and school, and thank you for your continued support in developing your child's holistic development.

The students need to bring a pillow and sheets for a single bed, a towel and toiletries. Mobile phones are allowed for communication to parents but are not to be taken to retreat activities. Mobile phones and personal items should be sealed in a safe, lockable bag within their rooms whilst participating in the organized sessions and activities.

**Students must communicate any dietary requirements on the return slip below.**

Yours sincerely

Mrs Tania Cairns  
Principal Leader

Mr Robert J Feeney  
Leader of Learning - Religious Education and Mission

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**PERMISSION SLIP - PLEASE RETURN TO HOMEROOM TEACHER OR MR FEENEY BY 19/02/2018**  
**(Monday Week 4)**

I give permission for my daughter/son: ..... in Homeroom: .....  
 (Name)

to attend the Year 11 Senior Retreat at Collaroy Conference Centre, Collaroy. I give permission for any emergency medical aid to be administered, if appropriate.

Signed: .....  
 (Parent/Guardian)

Date: .....

