



# THE WILLOWS STATE SCHOOL

*Excellence is the Standard*

## Year 6 Graduation, Social and End of Year Fun Day

10 October 2025

Dear Parent/Carer,

Please find below some information regarding events being held for Year 6 students to celebrate their final term with us at The Willows State School.

### **Graduation**

**When:** Tuesday 9<sup>th</sup> December

**Time:** 9:15am

**Where:** The Willows State School Main Hall

**Uniform:** Official School Uniform is to be worn - **NO Senior Shirts**

**Family:** Due to venue capacity, there will only be up to 2 family members per student able to join us in seeing our Year 6 students graduate from The Willows State School.

### **Year 6 Social**

**When:** Wednesday 10<sup>th</sup> December

**Time:** 5pm-7pm

**Where:** The Willows State School Main Hall

**Event:** Students will be participating in a Social Event and pizza party to dance and enjoy the evening with friends.

### **Year 6 Fun Day at King Pin Bowling**

**When:** Thursday 11<sup>th</sup> December

**Time:** 8:40am-12:00pm

**Where:** King Pin Bowling

**Transport:** Students will be transported to and from King Pin Bowling by bus

**Uniform:** Official School Uniform **or** Senior Shirts are to be worn

**What to bring:** Bag, water bottle, hat, closed in shoes and morning tea

### **Rite of Passage**

**When:** Thursday 11<sup>th</sup> December

**Time:** 2:35pm-2:55pm

**Event:** The Rite of Passage involves Year 6 students parading through the school whilst being cheered by the entire student body. The Rite of Passage will conclude at the trike track area at the front of the school. Parents and family can gather at the end of the passage along the fence or grassed area in front of the administration building.

### **Costs:**

The cost of the Bowling, Social Event and Graduation is \$75. This includes all transport, activity costs and one copy of the yearbook. These events will not be invoiced separately - one invoice will be issued covering all activities. If you wish to organise a payment plan, please contact the school office as soon as possible to ensure the last payment is made before 6<sup>th</sup> November 2025.



07 4799 1333 Administration



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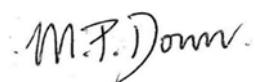
Mobile phones and wearable devices with notifications enabled are not permitted to be used during any of these activities unless the student has an exemption. Students must abide by The Willows State School Student Code of Conduct 2024-2025. A copy of this is available on our website

<https://thewillowsss.eq.edu.au/supportandresources/formsanddocuments/documents/school%20strategic%20documents/2024-2025%20student-code-of-conduct.pdf>

Please secure your child's place for the end of year activity by completing the attached activity consent and student health information forms, and making full payment of \$75 by Thursday 6<sup>th</sup> November 2025.

For further information please contact the school office on 4799 1333 or by emailing [admin@thewillowsss.eq.edu.au](mailto:admin@thewillowsss.eq.edu.au)

Yours sincerely



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Michelle Donn  
**Principal**



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Cameron Tod  
**Deputy Principal**

# Activity consent form – Year 6 End of Year Activities

## **Privacy Statement**

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

- obtain consent for the named child/student to participate in the excursion;
- help coordinate the excursion;
- respond to any injury or medical condition that may arise during or as a result of the excursion; 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](#).

## **Activity risks and insurance**

The Department of Education does not have personal accident insurance cover for children/students. If a child/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/carer. Some incidental medical costs may be covered by Medicare. If the parent/carer has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer. It is up to the parent/carer to decide the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the child/student to participate in this activity.

## **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 excursion (including any attached material)
- I am aware that the department does not have personal accident insurance cover for children/students.
- I give consent for the named child/student, \_\_\_\_\_ **<insert child's/student's name>** in \_\_\_\_\_ **<insert class>** to participate in the identified excursion.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the excursion.
- I agree to and understand the refund policy as it applies to this excursion (see Excursion costs)
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/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 child/student's medical or physical needs on registration/enrolment and where relevant have updated this information.
- I give consent for child/student contact information to be shared in relation to this excursion in compliance with relevant [Queensland Chief Health Officer's Directions](#).

|                                                                  |                 |  |       |
|------------------------------------------------------------------|-----------------|--|-------|
| Parent/Carer/Student*                                            | Name:           |  |       |
|                                                                  | Phone number:   |  |       |
|                                                                  | Email address:  |  |       |
|                                                                  | Signature:      |  | Date: |
| Emergency contact information for the duration of this excursion | Name:           |  |       |
|                                                                  | Phone number/s: |  |       |

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



# Student health information – King Pin Excursion

This form is to provide school staff organising excursions, camps or other off-site school activities with confidential health information about a student which may affect their full participation in the activity.

## Privacy Statement

The Department of Education is collecting this personal information in order to support the health needs of the named student during the excursion identified below. The information will only be used by authorised employees of the department. The information will not be given to any other person or agency unless we have your consent, or we are required by law to do so.

|                     |                                                |
|---------------------|------------------------------------------------|
| Name of excursion   | Year 6 Excursion – Fun Day at King Pin Bowling |
| Date/s of excursion | Thursday 11 <sup>th</sup> December 2025        |

## 1: Student & parent/carer details

|                                    |  |                      |  |
|------------------------------------|--|----------------------|--|
| Student name                       |  |                      |  |
| Date of birth                      |  | Year level / Class   |  |
| Parent/carer name                  |  |                      |  |
| Medicare number                    |  |                      |  |
| Private Health Insurance Fund name |  | Membership number    |  |
| Medical practitioner name          |  | Contact phone number |  |

## 2: Health conditions

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------|
| 2.1. Does the student have any health conditions that the school has not been previously advised of?                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes (go to 2.2) | <input type="checkbox"/> No (go to 2.3) |
| 2.2. Indicate the student's health condition/s:<br><input type="checkbox"/> Asthma <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy<br><input type="checkbox"/> Other: _____<br>Contact the student's teacher/activity coordinator as soon as possible to plan for any support or reasonable adjustments required to manage the student's health condition. For example, if the student requires medication or if they require additional overnight support e.g. catheterisation, gastrostomy, blood glucose testing. |                                          |                                         |
| 2.3. Does the student have any current or previous injuries that may affect their participation that the school has not been previously advised of?                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes (go to 2.4) | <input type="checkbox"/> No (go to 3)   |
| 2.4. Describe the injury:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |                                         |

## 3: Medication requirements

|                                                                                   |                                          |                                         |
|-----------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------|
| 3.1 Will the student require medication during this excursion?                    | <input type="checkbox"/> Yes (go to 3.2) | <input type="checkbox"/> No (go to 4)   |
| 3.2 Does the student require staff to administer their medication?                | <input type="checkbox"/> Yes (go to 3.4) | <input type="checkbox"/> No (go to 3.3) |
| 3.3 Does the student have approval to self-administer their medication at school? | <input type="checkbox"/> Yes             | <input type="checkbox"/> No             |
| 3.4 Does the medication require special storage?                                  | <input type="checkbox"/> Yes             | <input type="checkbox"/> No             |

If the answer was **YES** to any of the questions above:

- contact the school office/activity coordinator as soon as possible to ensure that the student's medication needs can be supported.
- complete and attach a [Consent to administer medication](#) form and any relevant advice from the health practitioner e.g. action plan, letter, medication order

#### 4: Travel issues

4.1. Does the student experience travel/motion sickness?

☐ Yes

☐ No

If **YES** and the student requires medication for travel/motion sickness, complete the [Consent to administer medication form](#) and provide the school with the medication.

#### 5: Declaration

I have reviewed the information provided in this form and confirm that this information is accurate.

**Name of parent/carer/student\***

**Signature**

**Date:**

\* Students who are independent, mature-age or over 18 years of age, may complete this declaration themselves.