

YEAR 10 FORMAL, POOL DAY, and GRADUATION CLASS OF 2025

Dear Parents and Carers,

Students are at that point of their journey where they get to celebrate high school with the friends and staff that have been with them along the way. Week 7 is when the celebration begins and the year 10's get to relax, let their hair down and reminisce on their time here at Alfred Deakin High School. Please find below information regarding the activities happening in the final two weeks for Year 10.

Week 7: 24th November – 28th November 2025

As week 7 is a normal school week, the school is required to record student attendance as per the normal procedure. We ask that parents contact the school (email preferred: absences_adhs@ed.act.edu.au) to provide explanations for any absences.

- Monday:** Normal school day
Tuesday: Normal school day, grades finalised.
Wednesday: Normal school day
Thursday: Normal school
Friday: Farewell breakfast (from 8:00am), farewell assembly (9:00am) and pool day.

Week 8: 1st December – 5th December 2025

As week 8 is a normal school week, the school is required to record student attendance as per the normal procedure. We ask that parents contact the school (email preferred: absences_adhs@ed.act.edu.au) to provide explanations for any absences.

- Monday:** Normal school day. Grade check 2:20pm, Gymnasium
Tuesday: Normal school day
Formal
Wednesday: Normal school day, last official day. Any grade changes must be submitted by 11:00am
Thursday: Graduation Ceremony (9:30am for a 10:00am start)

Formal

The Year 10 Formal has been the topic of conversation since year 7 and the excited anticipation about it has only been mounting over the years. The time has FINALLY come for them to don their finery and let their hair down and celebrate the amazing four years they have had together. The students will be treated to a delicious dinner, professional photographer and photo booth.

Please be advised this event may include the use of strobe lighting effects.

- Date:** Tuesday 2nd December 2025
Venue: National Arboretum Canberra, Forest Drive 2611
Start: Arrivals begin at **5:30 pm** until **6:00 pm**. Doors open at 6:30pm.
Ends: **10.30 pm** (we appreciate your punctuality)
Cost: **\$170** this price includes: Venue hire, photographer, photo booth, security, food and drinks, and decorations.

Year 10 Farewell breakfast, farewell assembly, and pool day

The final hoorah! Students are farewelled by the Alfred Deakin High School community. They start their day off with a lovely breakfast and then they get to reminisce about their last four years with photos, videos, and speeches for the last time in our gymnasium. Following the breakfast and assembly students will be transported to the Manuka Pool for some fun in the sun.

Date: Friday 28th November 2025
Venue: Shaded structure moving into the gymnasium
Start: **8:00 am** at ADHS
Ends: **2:00 pm** (Students will be dismissed from Manuka Pool)
Cost: **\$20** this price includes: Transport, pool entry, and breakfast.

Please note: **All students will be dismissed from Manuka Pool at 2:00pm and supervision will cease. If your student wishes to stay at the pool, they will be required to exit the venue & repay the entry fee.**

Year 10 Graduation

More formal than the formal! The Year 10 Graduation presents students with their hard-earned Year 10 Certificate and any special awards they may be nominated for.

Date: Thursday 4th December 2025
Venue: Alfred Deakin High School Gymnasium
Start: 9:30am arrival for a **10:00am start time.**
Ends: 12:30pm

Yearbook

Share the funny and cringeworthy moments of life at Alfred Deakin with your family and friends.

Cost: **\$15**

ALL PERMISSION NOTES AND PAYMENTS ARE TO BE RETURNED BY 7 NOVEMBER 2025

2025 FORMAL and POOL DAY PERMISSION

Please complete this form to give permission for your child to participate in these activities. Completed forms must be returned to the Finance Office by Friday 7th November.

Permission Note for YEAR 10 FORMAL and POOL DAY

I, (parent/carer name) _____ hereby give permission for my child, _____ to attend:

Please tick

Year 10 BREAKFAST & POOL DAY – Friday 28th November

Year 10 FORMAL – Tuesday 2nd December

I give permission for my child's photo to be used for social media posts associated with the year 10 formal and graduation events.

Dietary Requirements of my child: _____

Immediate medical needs of my child (e.g. diabetic, anaphylactic, asthmatic, etc.): _____

Permission for swimming and aquatic activities

NOTE: The information that you provide will assist to provide a safe environment for your child's participation in swimming/aquatic activities. A swim test will be administered for those who have not completed one prior to swimming.

My child can swim: Yes No

Distance my child can confidently swim: 10m 25m 50m 100m

Please describe in detail your child's swimming ability, e.g. water confidence, swimming strength, distance (swimming continuously) and ability to tread water.

Please list any special requirements necessary for your child to participate in swimming/aquatic activities.

Staff accompanying students to these excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. The formal venue's security services will also be present to ensure the safety of your child. Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful, or disobedient behaviour.

Parent/Guardian's signature: _____ **Date:** _____

Parent/Guardian Contact number: _____

MEDICAL INFORMATION AND CONSENT FORM

Instructions

This form must be completed by the parent/carer of each student in an ACT public school. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the directorate's First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the school immediately if there are any changes to the information provided within the form.

Section A – Personal Details (please fill in clearly)						
Student's Name				Date of Birth		
Gender	M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> I/They use different term (please specify) <input type="checkbox"/>				Prefer not to say <input type="checkbox"/>	
School				School Year		
Parent/Carer Name				Address		
Telephone Contact	Mobile			Home		
Emergency Contact 1				Telephone		
Emergency Contact 2				Telephone		
Name of Qualified Health Professional				Telephone		

Section B – Medical Information	
Please tick if your child suffers any of the following:	
<input type="checkbox"/> Allergies	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Anaphylaxis*	<input type="checkbox"/> Diabetes*
<input type="checkbox"/> Asthma*	<input type="checkbox"/> Eczema
<input type="checkbox"/> Epilepsy*	<input type="checkbox"/> Fainting
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Fits or blackouts
<input type="checkbox"/> Headaches	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Reaction to Drugs
<input type="checkbox"/> Sight/Hearing Problems	<input type="checkbox"/> Sun Screen Sensitivity
*Please complete and attach a <i>Known Medical Condition Response Plan</i>	
<input type="checkbox"/> Other (please specify)	
Please identify whether your child is presently taking any medication:	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, the parent/career must give written permission and direction for the administration of any medication at school or during school related activities, as follows:	
<ul style="list-style-type: none"> For a short term, non-ongoing medical condition (e.g. antibiotics for a period of 10 days) please complete the <i>Medication Authorisation and Administration Record</i> and provide qualified medical professional's authorisation (a copy of the medical prescription is sufficient in the case of short term administration of medication). For long term, ongoing administration of prescribed medication complete the <i>Medical Information and Consent Form</i>, the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</i>. 	
Date of last tetanus injection	
Are you aware of any physical or psychological limitations of your child (please specify)?	
Is there any other information which you believe may be relevant to the general medical/health care of your child?	

Section C – Parent/Carer Authorisation	
<p>1. In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to:</p> <p>a. the provision of first aid;</p> <p>b. the provision of analgesics;</p> <p>c. treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant).</p> <p>2. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary.</p> <p>3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.</p> <p>NB: Parents/carers should note that in the absence of a <i>Known Medical Condition Response Plan</i>, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.</p>	
Parent/Carer Signature	Date

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

PAYMENT SLIP
PAYMENT SLIP FOR: Year 10 End of Year Activities

Teachers: Rhys Lintern & Caity Melloy

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE.

Students have the option of paying for and attending part or all of the end of year activities, please note the different fee codes for the available options.

Online payment via Quickweb is the preferred method of payment.

- Quickweb Payment**– This is a Westpac online payment option access through the school website that makes a payment direct to the schools’ bank account. Use the fee code:
25YR10EOY – \$205.00 - Formal, Breakfast, Pool Day & Yearbook
25YR10FORMAL - \$170.00 – Formal **ONLY**
25YR10BFAST - \$20.00 – Breakfast & Pool Day **ONLY**
25YR10BOOK - \$15.00 – Yearbook **ONLY**
- Sentral Pay Payment** - Log into the parent portal for payment through Sentral Pay
- Cash** – Please secure Permission Note and money together.
- EFTPOS** – Payment can be made in person at our Finance Office from 8:30am – 3:30pm.

Please send receipt/proof of payment to AlfredDeakinHS.Finance@ed.act.edu.au

The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund which can be used to provide financial assistance for students where parents are unable to meet the requested contribution.

If you would like to discuss access to the equity fund or arrange a payment plan, please contact the school at Alfreddeakinhs.finance@ed.act.edu.au