



Jamisontown Public School

Thurwood Avenue, Jamisontown NSW 2750
Tel: 02 4733 2200/02 47332277 Fax: 02 4733 1555
e-mail: jamisontown-p.school@det.nsw.edu.au
www.jamisontown-p.schools.det.nsw.edu.au

Dear Parents/Caregivers,

10th June 2021

Year 6 children will be involved in the Peer Support Leadership Program in Term 3.

Each Year 6 student will be responsible for a small group of students, which will include their Kindergarten buddy, and will meet each Friday afternoon for nine school weeks. The program will involve the Year 6 students teaching their groups a variety of activities, which will be on a weekly rotation. In order for this to be a success, we will be holding training days on **Monday 21 and Tuesday 22 June 2021**.


Our training days will involve the children mastering the activities and learning to communicate effectively with their Year 5 group members to explicitly explain the task. This will have the added benefit of providing a back up leader if someone is absent due to illness.

All students will need to bring:

- *a notebook to take notes
- *supplies to decorate their folder
- *stickers or certificates for weekly rewards
- *a pack of UNO cards (preferably an old set from home to be used and then taken back home)
- *a deck of playing cards (very cheap from places like 'Reject Shop')
- *some colouring-in pencils

Year 6 students may wear mufti clothes on the Tuesday and share in a pizza lunch for a cost of \$4.00. Students must wear full school uniform on the Monday training day. Students will need to bring their own drink on this day. We are very excited by this program and are sure there will be benefits for all children involved. Please return the signed permission note to the school with payment by **3pm Friday 18 June 2021**.

Mrs Sarah Keegan
Organising Teacher


Mrs Clarissa Ryan
Deputy Principal

PEER SUPPORT TRAINING

Please return to the office by 3pm Friday 18 June 2021.

I enclose \$4.00 for _____ of 6____ to participate in the Peer Support Training Day. I understand that this will include pizza supplied for lunch on Tuesday 22 June 2021.

Medical or dietary needs of my child are:

Signature of Parent _____

Date _____

JAMISONTOWN PUBLIC SCHOOL - POP PAYMENT SLIP



Student Name: _____ Class: _____

Student Name: _____ Class: _____

POP - Receipt Number: _____ Amount Paid: _____

Payment for: _____