

BELCONNEN HIGH SCHOOL TRANSITION DAY

Dear Parent / Carer,

Your child is invited to attend a Year 7 Transition morning at Belconnen High School on **Thursday, 12th November 2026 (Week 5, Term 4)**.

During this visit students will experience the High School setting, tour the school building, meet students from other schools starting Year 7 next year. It is also an opportunity to meet key staff members and student leaders who will support them during their transition from primary school to high school.

Arrival at BHS is between **9:00am-9.15am** and students can meet in the main quad area. **The program will finish at 12:00pm.** Students will be under our care during the morning and will be expected to demonstrate appropriate behaviour. Students will need to be dropped off and collected by parents/carers.

Your child will need to bring suitable footwear for PE activities, a drink bottle and hat. We will be providing a morning tea for all students.

If you require further information about the visit, please contact the school on 6142 1690.

To confirm your child's participation in the program ***please return this permission note by Thursday 5th November 2026 to info_blch@ed.act.edu.au***

Yours Sincerely,
Leanne Claridge – Yr 7 Co-Executive
Michelle Turner – Inclusive Education Executive
Josh White – Yr 7 Co-ordinator 2027

RETURN SLIP

I give permission for my son/daughterof
..... Primary School to attend the Belconnen High School Transition
morning on **Thursday, 12th November 2026 9.15am – 12.00pm.**

I understand that I am responsible for the transport arrangements for my son/daughter on the day.

Does your child have a medical condition, or any medication required to be taken during the day? If yes, please provide details:

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In the event of an injury, I give permission for qualified medical attention to be given to my child and understand that free ambulance transportation only applies within the ACT.

I accept that students attending this program must behave according to the school rules and show consideration to the public.

Signature (Parent/Guardian) _____ Date _____

Contact number in case of emergency: _____