UPCOMING CALENDAR EVENTS
TERM 4

**WEEK 1**
- **Monday** 5\textsuperscript{th} October .. .. Public Holiday
- **Tuesday** 6\textsuperscript{th} October .. .. Yr 11 ABW
- **Wednesday** 7\textsuperscript{th} October .. .. Yr 11 ABW
- **Thursday** 8\textsuperscript{th} October .. .. Yr 11 ABW
  - Yr 10 Timber Joinery Assignment due
  - Yr 10 Electronics Robotics Assignment
  - Yr 10 Electronics Metal Detector Practical Assignment
- **Friday** 9\textsuperscript{th} October .. .. Yr 11 ABW
  - The Helmsman Project
  - Youth Frontier Project
  - Yr 9 Metal Candle Holder
  - Yr 9 Science Disease Written Assignment due

**WEEK 2**
- **Monday** 12\textsuperscript{th} October .. .. Yr 12 HSC Exams
  - Yr 9 Exams
  - Yr 9 Maths Yearly Paper 1
  - High Resolves
- **Tuesday** 13\textsuperscript{th} October .... Yr 12 HSC Exams
  - Yr 9 Exams
  - High Resolves
  - Yr 11 Community Mentoring 8:00am-9:00am
  - Yr 10 Geography Exam Period 5
  - Yr 9 English Listening Task
  - Yr 9 Chemical Reactions 2 Science Exam
- **Wednesday** 14\textsuperscript{th} October .. .. Yr 12 HSC Exams
  - Yr 10 Girls Leadership
  - Yr 9 Exams
- **Thursday** 15\textsuperscript{th} October .... Yr 12 HSC Exams
  - Yr 10 Girls Leadership
  - Yr 9 Exams
  - Yr 9 History Semester Exam
  - Yr 9 Timber Cabinet due
  - Yr 9 English PBL Presentations Periods 2 & 3 TLC
- **Friday** 16\textsuperscript{th} October .. .. Yr 12 HSC Exams
  - Yr 10 Girls Leadership
  - Yr 9 Exams
  - Yr 9 Maths Yearly Paper 2
  - The Helmsman Project
  - Yr 10 Shakespeare Performance Matinee
  - Performance Friday 16\textsuperscript{th} October Periods 3&4 for Yrs 7 and 9 GAT classes. Evening performance commences at 6:30pm
SPORT BUS PASSES CAN NOT BE PURCHASED ON WEDNESDAYS

Please indicate preferred pass:

- A 5 trip pass for $37.50  No. of passes  _____  Total $_______
- A 10 trip pass for $75.00  No. of passes  _____  Total $_______

Name of Student/s ______________________________________ Year/s__________

Payment by:  CASH  □  CHEQUE  □

PAYMENT BY MASTERCARD OR VISA SLIP

Please circle the appropriate card

□ Please debit my Mastercard / Visa Account No:

□  □  □  □  □  □  □  □

Amount in figures ________________________________

Expiry Date: ____________

Name of Credit Card Holder (as shown on card)

__________________________________________
CHANGE OF CONTACT INFORMATION
MODEL FARMS HIGH SCHOOL

Name of Student: _______________________________  Year ________

New Address: ____________________________________________
__________________________________________________________ Postcode: ___

Correspondence: ____________________________________________
__________________________________________________________ Postcode: ___

Email Address: ____________________________________________

New Home Phone No. ____________________________________________

Mother Mobile: ____________________________________________

Mother Work: ____________________________________________

Father Mobile: ____________________________________________

Father Work: ____________________________________________

Emergency Contact if changed: ________________________________

Phone No. ____________________________________________

Any change in Medical Condition e.g. Allergy, Asthma etc.
Details ______________________________________________________

Bus Pass: YES / NO
Having Computer Problems?

Networking
Troubleshooting
Installations
Upgrades
Computer running slow
Virus / Malware / Pop ups

Call Rob ~ 0418-282-157