Our Lady of Lourdes School

29 Marda Way | Nollamara | WA | 6061

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RAINBOWS PERMISSION SLIP

Dear Parents/Carers

Re: Rainbows Program

The loss of a parent or close family member, a separation in the family, a serious illness or accident, moving state/country or any other significant change can be a crushing event in a child's life: the impact can be overwhelming. These situations affect children socially, spiritually, behaviourally and academically. In order to support our student's wellbeing here at Our Lady of Lourdes we will be commencing Rainbows Peer Support Program at the end of Term 1 and into Term 2.

Through Rainbows, children are helped to verbalize their feelings, build a stronger sense of self-esteem and dispel their guilt and anger over the changes in their family. They no longer feel alone when they gather with other children who are facing the same or similar situations.

Confidentiality and discretion will be used at all times and information revealed during the program remains confidential.

If you feel your child could benefit from being a part of the Rainbows program, please complete the expression of interest form below and return it to school. If you would like to discuss the program further, please contact the school office.

Yours sincerely,

Mrs. Louise Baldock
Rainbows Coordinator

NAME OF CHILD/REN ……AGE……GRADE……..

Please circle: My parent has died, my parents are divorced, my parents are separated, if so for how long?.....Or my loss is:

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Your name and relationship to the child: ……Mobile Number:……

Have they undertaken Rainbows before? Y/N Are there any court proceedings? Y/N

We/I give consent for my son/daughter……
to participate in the Rainbows Program.
We/I understand that we/I have the right to withdraw this permission at any time by contacting Mrs Baldock.

Signed …… Date ……

Print name…….. Email……..