



# St Gregory's Primary School

PO Box 723, Queanbeyan NSW 2620  
Email: office.stgregs@cg.catholic.edu.au



5<sup>th</sup> February, 2018

## ATTENTION YR 1 – Yr 6 FAMILIES

Dear Parents/Guardians,

Loss and grief are issues that affect all of us at some stage in our lives. Learning to deal effectively with these issues is central to personal wellbeing and happiness, as unresolved grief can also affect a student's learning.

Each year, St Gregory's offers the Australian education program called **SEASONS** to its school community, to support children who have experienced change in their family due to death, separation or divorce. The program explores issues such as change, loss, managing feelings, coping strategies and support networks.

**SEASONS** is a year-long program available to Year 1 – Year 6 students, who have experienced significant change in their family due to death, separation or divorce. Sessions are conducted during school time in small groups, supported by trained and experienced companions. Each session runs for 40 minutes, meeting 2 – 3 times during each term.

If you think your son/daughter would benefit from **SEASONS, as they have experienced loss or change in the last six to twelve months, please complete the tear-off section below and return to school by Friday, 9<sup>th</sup> February 2018.** I would encourage you to talk to them to explain the reason for participation.

Once finalised, students will be matched with a companion and sessions will begin in Wk 7.

### **PLEASE NOTE THAT PLACES ARE LIMITED**

Please contact Kate McManus-Green on 6297 2221 if you require further information.

Yours sincerely,

Kate McManus-Green  
Religious Education Coordinator

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**SEASONS FOR GROWTH PROGRAM**  
**(Please return to school by Thursday, 9<sup>th</sup> February, 2018)**

I.....give permission for my child/ren to attend the *SEASONS* program. I have discussed this with my child/ren. I understand I may receive a phone call before the start of the program to clarify the reason for my child/ren attending the program or to answer any questions the companion may have to best support your child.

SIGNED:..... (Parent/Guardian) Telephone Number:.....

Child 1..... Class:..... Signed:.....

Child 2..... Class:..... Signed:.....

Child 3..... Class:..... Signed:.....

Low Street Campus

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MacQuoid Street Campus

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