



Sydney Catholic Schools

YEAR 6 RELIGIOUS EDUCATION TEST 2019

NUMBER OF STUDENTS AND CONFIDENTIALITY AGREEMENT

SCHOOL DETAILS

Name of School	
School Suburb/Town	Postcode:
School Courier Address	NO PO BOX ADDRESSES
School Phone	(02)
School Fax	(02)
Principal's Name	
Principal's e-mail	
REC's Name	
REC's e-mail	

NUMBER OF STUDENTS:

Total number of Year 6 students completing the RE Test

Number of students with visual impairments (who will require the test in larger format).

Number of students requiring a Braille version.

Number of students requiring coloured paper. (See attached). Please specify colour below:

ARCHDIOCESE/DIOCESE:

Armidale

Bathurst

Lismore

Sydney

Paper Size	Colour	Quantity

CONFIDENTIALITY AGREEMENT

I have read and will abide by the protocols of the Year 6 Religious Education Test (Information Booklet) to be administered on Wednesday, 12 June 2019.

Principal's Name: _____ Signature: _____ Date: _____
(please print)

Please return to Cindy Van Leeuwen by **Monday, 1 April 2019 (Week 10-Term 1)**
Fax: (02) 9568 8434 or email cindy.vanleeuwen@syd.catholic.edu.au

CENTRAL OFFICE 38 Renwick Street PO Box 217 Leichhardt NSW 2040 • Ph (02) 9569 6111

EASTERN REGION 33 Banks Avenue Daceyville NSW 2032 • Ph (02) 8344 3000

INNER WESTERN REGION 3 Keating Street Lidcombe NSW 2141 • Locked Bag 83 Lidcombe NSW 1825 • Ph (02) 9643 3600

SOUTHERN REGION 300 The River Road Revesby NSW 2212 • Ph (02) 9772 7000

www.sydcatholicschools.nsw.edu.au

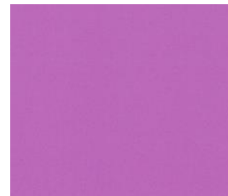
SYDNEY CATHOLIC SCHOOLS LIMITED ACN 619 137 343
AS TRUSTEE FOR THE SYDNEY CATHOLIC SCHOOLS TRUST ABN 26 158 447 082



**YEAR 6 RELIGIOUS EDUCATION TEST 2019
STUDENTS WITH VISUAL IMPAIRMENTS
COLOURED PAPER OPTIONS**



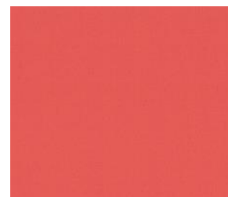
Blue



Violet



Yellow



Red



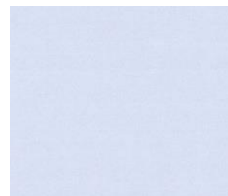
Green



Buff



Pink



Mauve



Purple



Royal Blue