



Thursday 10<sup>th</sup> June 2021

### NAIDOC Week Food Tasting Celebration

Dear Parents and Carers,

NAIDOC Week celebrations are usually held across Australia each July to celebrate the history, culture and achievements of Aboriginal and Torres Strait Islander peoples. This year's celebrations will be held from 4-11<sup>th</sup> July which falls in the school holidays. Lake Illawarra South Public School will celebrate NAIDOC Week from 21<sup>st</sup>-25<sup>th</sup> June.

Our Aboriginal Education team has organised a range of activities for all students K-6 during this week. This includes a celebration event on **Friday 25<sup>th</sup> June** from 11am – 1pm where students will have the opportunity to taste food made using bush tucker ingredients. Each student will receive a tray containing a crocodile chipolata with tomato relish and a portion of wattleseed damper with butter.

The food will be prepared, cooked and delivered by the *Koori Kulcha Aboriginal Corporation* based in Bowral. Due to allergies, we require permission for students to eat the chipolata, relish and damper. The ingredients for each item are listed below. Please sign the permission slip below to allow your child to participate in the celebration. Alternative food items will not be available during the celebrations.

Students will still need to bring their usual recess and lunch as the bush tucker items are not substantial enough to replace students' regular meals. There is no cost for this event.

- Crocodile chipolata – crocodile mince, chorizo, indigenous herbs
- Tomato relish – tomato, onion, garlic, sugar, vinegar
- Wattleseed damper – indigenous herbs, flour, salt, water

Zoe Smith  
**Assistant Principal**

Karen Simula  
**Principal**

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Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

I give consent for my child \_\_\_\_\_ of class \_\_\_\_\_ to sample the following:

- crocodile chipolata
- tomato relish
- wattleseed damper
- butter

Please provide details of any allergies/food intolerances that your child has: \_\_\_\_\_

\_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_