



# MOSMAN PARK SCHOOLS

## Mosman Park Primary & School for Deaf Children



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Dear Parents

### RAINBOWS PROGRAM

We are very pleased to have the RAINBOWS Program running at Mosman Park Primary School again in Terms 3 & 4. RAINBOWS is for children from families who have experienced a major loss, *through the separation/divorce of parents, the death of a family member, terminal illness, disability of a family member or a significant move away from family, friends and support.* It offers the opportunity to meet in a weekly student support group over a period of 12 weeks. The sessions will be held at school beginning week 2 of Term 3 for 6 weekly sessions with a trained adult working with each group and conclude in term 4 for 6 weekly sessions.

It has been found that when something significant happens in a family, the entire family is affected, not only do the parents grieve but the children do also. Because of their age and short life experience, children find it very difficult to verbalise their feelings.

If you would like your child to be included, please fill in the tear off slip and return it to the school via email or with students, as soon as possible. This offer will be made to children from Years PP to Yr 6. Depending on the responses, offers will be made to students according to year levels. Group minimum is 3 and maximum 5 students.

If you have any queries please phone Rhonda Miller, RAINBOWS coordinator/facilitator on the school number ph: 6458 7709 or email: [rhonda.miller@youthcare.org.au](mailto:rhonda.miller@youthcare.org.au) .

**Sincerely,  
Rhonda Miller  
Youthcare School Chaplain  
Mosman Park PS**



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### RAINBOWS PROGRAM

I/We would like my/our child \_\_\_\_\_ in year \_\_\_\_\_ to participate in the RAINBOWS Program commencing in Term 3. I understand that the RAINBOWS Program is strictly confidential and an offer of a placement will be dependent on the responses.

Please give brief details of why you would like your child in the RAINBOWS program.

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Contact # \_\_\_\_\_  
**Please return form as soon as possible via email to Rhonda Miller, [rhonda.miller@youthcare.org.au](mailto:rhonda.miller@youthcare.org.au).**  
**Thank you**