



Hurlstone Agricultural High School

Roy Watts Road

Fax: 9829 2026

GLENFIELD NSW 2167

Phone: 9829 9222

School email: hurlstone-h.school@det.nsw.edu.au

February 5, 2018

EXCURSION CONSENT FORM

Please complete and return this form to **Mrs Wuhrer** by **Tuesday 6 February**.

Dear parent/guardian,

- Music Elective Students will be going on an excursion to Sydney Opera House on **Monday February 19 2018**.
- This excursion has been planned to supplement the following work being done in the classroom:
Ascertain standard of Band 6 performance and composition students, exposure to live performance and presentation.
- The cost of the excursion is \$ **40 and train fare**. Money paid to the register must be paid by **Tuesday 6 February**.
- The class will depart from **Musis rooms at 10:30am** and return to **Glenfield Station at 5pm**.
- Travel will be by **train**
- Accompanying staff are **Mrs Wuhrer**.
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- School uniform is to be worn to this excursion.

Privacy Advice

- The information provided on this consent form by the parent or caregiver is being obtained for the purpose of conducting a school excursion detailed above.
- It will be used by the NSW Department of Education and Training for seeking consent for the child to undertake activities within this excursion activity.
- Provision of this information is required by law / voluntary. It will be stored securely.
- You may correct any personal information provided at any time by contacting Mrs Wuhrer on 9829 9222.

.....
Mrs Wuhrer
Music Teacher

.....
 Nick Wenban
 Deputy Principal

Please detach here...

Consent

I hereby consent to participation in an excursion to

(Student's full name)

Sydney Opera House on Monday 19 February 2018. The excursion will depart from Music Rooms at 10:30am and return to Glenfield Station at 5pm.

Return this note to: **Mrs Wuhrer**

Special Needs

Special needs of my child which you should be aware (e.g. allergies, medication – please provide full details):

I give permission for my child to receive medical treatment in case of emergency. **YES / NO** (please circle)

.....
Signature of Parent / Guardian

.....
Name of Parent / Guardian

.....
Date