



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

October 26, 2016

EXCURSION CONSENT FORM

Please complete and return this form to **your class teacher** by **Monday 2nd July 2017**.

Dear parent/guardian,

- Year 10 will be going on an excursion to a performance of Macbeth at the Sydney Opera House on **Friday 18th August, 2017**.
- This excursion has been planned to supplement the following work being done in the classroom:
Study of Macbeth
- The cost of the excursion is \$ 30. Money paid to the register must be paid by **2nd July 2017 (students will be invoiced Term 4 2016)**.
- The class will depart from **school** at **8:00am** and return to **school** at **2:45**.
- Travel will be by **train -students will need to have their own Opal card with adequate funds for a return trip to Circular Quay**
- Accompanying staff are **Year 10 English teachers**.
- 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 Ms Young on 9829 9222.

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Ms A.Young
Head Teacher English

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Nick Wenban
Deputy Principal

✂*Please detach here...*

Consent

I hereby consent to participation in an excursion to
(Student's full name)

Macbeth on Friday, 18th August, 2017. The excursion will depart from school at 8:00 and return to school at 2:45.

Return this note to: **Class Teacher**

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