EXCURSION CONSENT FORM

Please complete and return this form to Ms Ross by Friday 4 March 2016.

Dear parent/guardian,

- Students interested in careers in STEM (Science Technology Engineering and Mathematics) will be going on an excursion to attend a 'Careers of the Future' talk by Google and observe FIRST Robotics Competition at Sydney Olympic Park on Friday 18 March 2016.

- This excursion has been planned to supplement the following work being done in the classroom:
  - promote opportunities for gifted and talented students to extend their interest in STEM and augment their learning in Science, Maths and TAS subjects.

- The cost of the excursion is $free. Money paid to the register must be paid by NA.

- The class will depart from Horn Park, HAHS at 8am and return to HAHS at 1.30pm.

- Travel will be by train. Students are required to purchase their own return train ticket (or use their Student OPAL Card) to Sydney Olympic Park station.

- Accompanying staff are Ms T Ejsak (Careers Advisor).

- 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 the front office on 9829 9222.

Consent

I hereby consent to ………………………………………………………………… participation in an excursion to Sydney Olympic Park on Friday 18 March 2016. The excursion will depart from HAHS at 8am and return to HAHS at 1.30pm.

Return this note to: Ms Ross in the Teaching and Learning Office

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