



Hurlstone Agricultural High School

Roy Watts Road
GLENFIELD NSW 2167
School email: hurlstone-h.school@det.nsw.edu.au

Fax: 9829 2026
Phone: 9829 9222

June 19, 2017

EXCURSION CONSENT FORM

Please complete and return this form to **Mr Cavallaro or Miss Klappas** by **9th August 2017**.

Dear parent/guardian,

- Year 11 Economics will be going on an excursion to the RBA and University of Sydney on **23rd of August 2017**.
- This excursion has been planned to supplement the following work being done in the classroom:
Preliminary topics of 'Financial markets' and 'Government and the Economy'
- The cost of the excursion is \$ 0. Money paid to the register must be paid by **n/a**.
- The class will depart from **school** at **8:30 am** and return to **school** at **4.00 pm**.
- Travel will be by **Train. Students will purchase their own train ticket at the station**
- Accompanying staff are **Miss Klappas, Mr Cavallaro & Ms Cheng**.
- 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 Miss Klappas on 9829 9222.

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Elly Klappas
HSIE Teacher

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Mr R Craig
Deputy Principal

✂ *Please detach here...*

Consent

I hereby consent to participation in an excursion to

(Student's full name)

RBA and University of Sydney on 23rd of August 2017. The excursion will depart from school at 8:30 am and return to **SCHOOL** at 4:00 pm.

Return this note to: **Mr Cavallaro/Miss Klappas**

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