



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

August 28, 2017

EXCURSION CONSENT FORM

Please complete and return this form to **Your English Teacher** by **Monday 4th September 2017**

Dear parent/guardian,

- Year 9 English classes will be attending The Sydney Jewish Museum at Darlinghurst on **Tuesday 19th September 2017**.
- The cost of this excursion is **\$30.00** which must be paid to the register by **Friday 1st September 2017**
- This excursion has been planned to support study of Representations of Voices Unheard.
- **Year 9 will depart in the HAHS Bus Bay at 8:30am.** Students who are running late on the day are advised to phone the front office and make them aware of this.
- **Students will need to bring their recess and lunch because there aren't any places to purchase lunch or recess from at the museum.**
- We will return to school via bus by 2:55pm and students will be dismissed from there.
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- **Full 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 school](mailto:hurlstone-h.school@det.nsw.edu.au) on 9829 9222.

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Ms Ann Young
Head Teacher English

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Rob Craig
Deputy Principal (Rel.)

✂ *Please detach here...*

Consent

- I hereby consent to (Student's full name) to participate in an excursion to **The Sydney Jewish Museum on Tuesday 19th September 2017**.
- **The cost of this excursion is \$30.00 and is payable to accounts by Friday 1st September 2017**

Please return this note to: **Your English 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