



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

October 26, 2017

EXCURSION CONSENT FORM

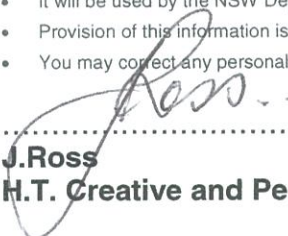
Please complete and return this form to **Mrs Ross** by 7/11/17.

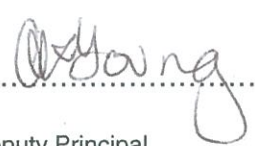
Dear parent/guardian,

- 11 Visual Arts students will be going on an excursion to The National Gallery of Australia, to view the Hyper Real exhibition on **Tues 14/11/17**.
- This excursion has been planned to supplement the following work being done in the classroom:
The study of Art history and criticism. In particular, the students will view the "Hyper Real" exhibition and will engage with artworks from the gallery's permanent collection.
- The cost of the excursion is \$ 0. Money paid to the register must be paid by **N/A**.
- The class will depart from the **boarding school bus bay** at **6:30am** and return to **school** at **approximately 5:30pm**.
- Travel will be by **school bus**.
- Accompanying staff are **J.Ross**.
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- Neat casual clothing 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 on 9829 9222.

.....

J.Ross
H.T. Creative and Performing Arts

.....

 Deputy Principal

✂ Please detach here...

Consent

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

NGA, Canberra on 14/11/17. The excursion will depart from school at 6:30am and return to **SCHOOL** at approximately 5:30pm.
Return this note to: **J.Ross**

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