

WARNERS BAY HIGH SCHOOL

"Quality Education for All"



Excursion Letter to Parents/Caregivers

3 February 2020

Type of Excursion/Venue/Date/Type of Activities/Risks

An excursion is being planned for Year 10 & 11 Entertainment students to visit NIDA & ABC Studios Ultimo on Wednesday 26 February 2020.

Educational Purpose

The purpose of the visit is to gain entertainment industry knowledge and experience.

Mode of Transport/Start and Finish Times

The students will be travelling by bus leaving school at 7.00am and returning by 7.30pm.

What Students Should Bring/Uniform

Students will need to **bring snacks and money for lunch.** In line with school policy, students not in correct uniform will not be permitted to attend and may forfeit some or all of any payments made. Unless authorised by the Principal full school uniform including the school tie, must be worn.

Costs/How to Pay

The cost of the excursion is \$56.00. The completed permission note and money should be handed in to the front office by **Friday 21 February 2020.**

Teacher(s) In Charge

Please direct enquiries to Mr Forbes in the CAPA Staff room.

Note: Extra and Co-Curricular Excursions are a privilege which provide students with an opportunity to further develop knowledge and skills learnt in class. Students who are not compliant with school expectations for participating in learning and/or uniform and/or behaviour will not automatically be allowed to participate in excursions. Attendance will be at the discretion of the Principal.

Yours sincerely		Mule
Ms Donna Pfister Head Teacher CAPA		Mr Marcus Neale Principal
Detach and Return this note and payment to the fro	ont office	Yr 10 & 11 Entertainme
I hereby consent to my son/daughter/ward participating in an educational excursion to NIDA & I hereby consent to my child's photograph to be use	(Full Name) ABC Studios Ultimo on Wednesday 26 Febru	ary 2020, travelling by bus.
Parent/Carer:		
As directed by the Payment Card Industry Data Security Payments can be made at the Wa \$ Make a Payment icon.	•	-
I have made an online payment. The receipt	number is	
Please complete the following only if there has bee	en a change in details.	
Change in medical needs: Illness:	Medication:	
Contact details. Name:	Phone:	
Name:	Phone:	