

## WARNERS BAY



QUALITY EDUCATION FOR ALL

## **Excursion Letter to Parents/Caregivers**

Dear Parent/Caregiver, an excursion/activity has been organised for your child.

Excursion/Activity	Year 7 Taiko Drumming
Excursion Description	Students will experience traditional Japanese music and instruments.
Faculty	Languages
Date(s)	Friday 05/03/2021 11:25am - 12:43pm (During Periods 4 & 5)
Venue	WBHS MPC
Students/Class	7E, 7G, 7H, 7S, 7B
Cost of excursion	\$4.40
Transport	N/A
Supervision	Bronwyn Tier, Rebeca Tamas
Please bring	N/A
Students must wear	Full school uniform.
Food	N/A
Additional information	N/A
Bronwyn Tier Teacher in charge  Marcus Neale Principal  Medical Disclaimer  Please note there is no personal injury insurance cover provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, zone, area, and state school sport associations when deciding whether additional cover, above that provided by Medicare, is required. The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.  Note: Extra/co-curricular excursions/activities are a privilege which provide students with an opportunity to further develop knowledge and skills learnt in class. Students who do not meet with school expectations for participation in learning and/or behaviour may not be allowed to participate. Attendance will be at the discretion of the Principal.	
Excursion: Year 7 Taik Date: Friday 05/03/2021	Drumming Faculty: Language: 11:25am - 12:43pm (During Periods 4 & 5) Front office by 03 March 2021
☐ I give permission for m	y child to attend the excursion/activity above
☐ My child's medical deta	uils have <b>NOT</b> changed.
	tils HAVE changed. My child's updated medical details are attached. Note: It is the responsibility of the the school when their child's medical details change.
Payment Method (Paym	ent must accompany this permission form):
☐ Cash / Cheque: \$ enclosed ☐ Online payment: Amount paid: \$ Receipt number	
Signed	(Parent/Caregiver) Date