

W A R N E R S B A

QUALITY EDUCATION FOR ALI

Excursion Letter to Parents/Caregivers

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

Excursion/Activity	Yr 8, 9, 10 Taiko Drumming	
Excursion Description	Students will experience traditional Japanese music and instruments.	
Faculty	Languages	
Date(s)	Friday 05/03/2021 9:08am - 10:26am (Classes 9X and 10Z Japanese), Friday 05/03/2021 2:02pm - 3:20pm (Classes 8X and 10Y Japanese)	
Venue	WBHS MPC	
Students/Class	08JAX; 09JAX; 10JAY & 10JAZ	
Cost of excursion	\$6.10	
Transport	N/A	
Supervision	Bronwyn Tier	
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

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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.

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05/03/2021 2:02pm - 3:20pm (Classes 8X and 10Y Japanese)
Return this portion to the front office by 03 March 2021

Faculty: Languages Cost of Excursion: \$6.10

I give permission for my child	of Year t	o attend the excursion/activity above.

☐ My child's medical details have **NOT** changed.

□ My child's medical details **HAVE** changed. My child's updated medical details are attached. *Note: It is the responsibility of the parent/caregiver to notify the school when their child's medical details change.*

Payment Method (Payment must accompany this permission form):

Cash / Cheque: \$ enclosed	Online payment: Amount paid: \$ Receipt number

Signed (Parent/Caregiver) Date