

## 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	French Continuers Study Skills Day		
Excursion Description	French Continuers Study Skills Day Sydney		
Faculty	Languages		
Date(s)	Saturday 21/05/2022 5:30am - 6:00pm		
Venue	Sydney University		
Students/Class	Y12 French		
Cost of excursion	\$28.00		
Transport	Students will be catching the train from Cardiff Station to arrive at Sydney University for an 8:30am start.		
Supervision	Rebeca Tamas		
Please bring	Please bring water bottle, hat, sunscreen and insect repellant.		
Students must wear	No schools uniform is required for this weekend excursion. Please wear comfortable clothes for travel and walking.		
Food	Snacks and money for lunch.		
Additional information	Students will be required to take their own Opal Card. Masks are mandatory on public transport. Students are required to take their own mask.		
	Rebeca Tamas Teacher in charge	<u>Marcus Neale</u> Principal	pheale
other school activity. Parents and comport associations when deciding we Government, covers any injury resultation. Extra/co-curricular excursions school expectations for participation	ury insurance cover provided by the NSW Department of Educaregivers are advised to assess the level and extent of their chether additional cover, above that provided by Medicare, is reliting in the permanent loss of a prescribed faculty or the use of stactivities are a privilege which provide students with an oppoin in learning and/or behaviour may not be allowed to participate	ld's involvement in the sport program offered be quired. The NSW Supplementary Sporting Inju some prescribed part of the body. tunity to further develop knowledge and skills . Attendance will be at the discretion of the Pr	by the school, zone, area, and state school uries Benefits Scheme, funded by the NSW learnt in class. Students who do not meet with incipal.
Excursion: French Continuers Study Skills Day Faculty: L		Faculty: Languages Cost of Excursion: \$28.00	
☐ I give permission for my child	of Y	ear to attend the excursion/activi	ty above.
My child's medical details have	ve <b>NOT</b> changed.		
My child's medical details HA when their child's medical det	VE changed. My child's updated medical details are attac ails change.	ned.Note: It is the responsibility of the p	parent/caregiver to notify the school
Education's policies and procedu	/activity is required to be held in accordance with any currures. I acknowledge and accept that there is a risk that myond if displaying any symptoms of illness, and/or if directed	child may be exposed to COVID-19 whils	
Payment Method (Payment mu	ıst accompany this permission form):		
Cash / Cheque:\$	enclosed Online payment: Amount paid: \$	Receipt number	
Signed	(Parent/Caregiver) Date		