

## 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	Japanese immersion excursion to Sydney		
Excursion Description	Students will be totally immersed in the Japanese language environment with a day at the Tanken Japanese Language Centre at Kirrawee High School. One the way home they will visit a Japanese bookshop and enjoy all the learning opportunities.		
Faculty	Languages		
Date(s)	Wednesday 02/11/2022 7:20am - 7:30pm		
Venue	Nihongo Tanken Language Centre		
Students/Class	Year 8,9,10 Japanese language students		
Cost of excursion	\$70.00		
Transport	Students will be travelling by bus.		
Supervision	Bronwyn Tier		
Please bring	N/A		
Students must wear	Full school uniform.		
Food	N/A		
Additional information	Cost includes bus, lunch and entry fee.		
	<u>Bronwyn Tier</u> Teacher in charge	<u>Marcus Neale</u> Principal	Mule
other school activity. Parents and of sport associations when deciding with Government, covers any injury rest Note: Extra/co-curricular excursion school expectations for participation	jury insurance cover provided by the NSW Department of E caregivers are advised to assess the level and extent of thei whether additional cover, above that provided by Medicare, ulting in the permanent loss of a prescribed faculty or the us as/activities are a privilege which provide students with an o in in learning and/or behaviour may not be allowed to partici	r child's involvement in the sport program offered is required. The NSW Supplementary Sporting Injuste of some prescribed part of the body. Supplementary to further develop knowledge and skills pate. Attendance will be at the discretion of the P	by the school, zone, area, and state school juries Benefits Scheme, funded by the NSW slearnt in class. Students who do not meet with rincipal.
Excursion: Japanese in Date: Wednesday 02/11	nmersion excursion to Sydney		Faculty: Languages Cost of Excursion: \$70.00
☐ I give permission for my child	1	of Year to attend the excursion/activ	rity above.
My child's medical details ha	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 a tails change.	ttached.Note: It is the responsibility of the	parent/caregiver to notify the school
Education's policies and proced	t/activity is required to be held in accordance with any ures. I acknowledge and accept that there is a risk tha end if displaying any symptoms of illness, and/or if dire	t my child may be exposed to COVID-19 while	
Payment Method (Payment me	ust accompany this permission form):		
Cash / Cheque:\$	enclosed Online payment: Amount paid: \$	Receipt number	
Signed	(Parent/Caregiver) Date		