

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	HSC Music Day Conservatorium of Music		
Excursion Description	HSC Music workshops for Year 11 and 12 Music Students Educational Purpose: Students will participate in performance and aural workshops to help prepare for their Higher School Certificate Examination.		
Faculty	CAPA		
Date(s)	Friday 03/05/2024 7:45am - 3:30pm		
Venue	Newcastle Conservatorium		
Students/Class	Year 11 and 12 Music HSC Music Day		
Cost of excursion	\$65.00		
Transport	Students will be travelling by bus leaving school at 7:45am arrive Newcastle Conservatorium at 8:15am. Students will return on bus leaving Conservatorium at 2:40pm arriving back at WBHS at approx 3:10pm.		
Supervision	Tavis McLennan, Emma Husband		
Please bring	Please bring a pen and book to take notes.		
Students must wear	Full school uniform.		
Food	Snacks and money for lunch and/or dinner.		
Additional information	N/A		
	Ash Forbes Teacher in charge	<u>Marcus Neale</u> Principal	Mule
other school activity. Parents and ca sport associations when deciding wl Government, covers any injury resu Note: Extra/co-curricular excursions school expectations for participation	ury insurance cover provided by the NSW Department of a regivers are advised to assess the level and extent of the hether additional cover, above that provided by Medicare Iting in the permanent loss of a prescribed faculty or the stactivities are a privilege which provide students with an in learning and/or behaviour may not be allowed to part	eir child's involvement in the sport program offered b s, is required. The NSW Supplementary Sporting Injuruse of some prescribed part of the body. opportunity to further develop knowledge and skills le	y the school, zone, area, and state school ries Benefits Scheme, funded by the NSW earnt in class. Students who do not meet with cipal.
Excursion: HSC Music [Day Conservatorium of Music		Faculty: CAPA
Date: Friday 03/05/2024			Cost of Excursion: \$65.00
☐ I give permission for my child		of Year to attend the excursion/activity	y above.
My child's medical details hav	re NOT changed.		
My child's medical details HAN when their child's medical details	VE changed. My child's updated medical details are ails change.	attached.Note: It is the responsibility of the pa	arent/caregiver to notify the school
Payment Method (Payment mu	ist accompany this permission form):		
Cash / Cheque:\$	enclosed Online payment: Amount paid: \$	Receipt number	
Signed	(Parent/Caregiver) Date		