



HENRY KENDALL HIGH SCHOOL

Principal – Andrew Backhouse

EXCURSION INFORMATION AND CONSENT FORM Stage 6 Preparation Program

Dear Parent/Caregiver

5 November 2015

As part of the Stage 6 Preparation Program Year 10 students will be participating in a variety of activities. Students are required to select one activity on Monday, one 2 hour course and one 1 hour course on Tuesday. Please make your selection from the following list:

| Elective | Duration | Cost | Selection |
|----------------------------------|----------|---------|-----------|
| Monday 16 November 2015 | | | |
| Band Workshop - Recording Studio | Full Day | Free | |
| Chef Day | Full Day | \$20.00 | |
| | | | |
| Tuesday 17 November 2015 | | | |
| First Aid | 2 hour | Free | |
| Barista | 2 hour | \$15.00 | |
| Makeup Workshop | 2 hour | \$20.00 | |
| | | | |
| Trade Talk | 1 hour | Free | |
| Yoga | 1 hour | Free | |
| Self Defence Course | 1 hour | Free | |
| Boot Camp | 1 hour | Free | |
| Lip Sync Workshop | 1 hour | Free | |

Please complete details below and return with payment by Monday 16 November 2015.

N.B No student will attend an excursion if the permission note and payment have not been received prior to the excursion date.

Yours faithfully

Principal:
Andrew Backhouse

Deputy Principal:
Donna James

(This excursion is part of the students' learning program and has the Principal's approval)

✂ -----

Please return this note with payment to the front office by Monday 15 November 2015



HENRY KENDALL HIGH SCHOOL

I hereby consent to _____ (*student's name*) in Year ____ participating in the above activities on Monday 16 November and Tuesday 17 November 2015. I also give permission for photographs to be taken and published in the school's newsletter and/or school website - **YES / NO** (*please circle*).

.....
Parent/Caregiver Name (*Please print*)

.....
Parent/Caregiver Signature

.....
Date

Is your child Anaphylactic

- ☐ No
☐ Yes

Allergic to: _____

Where will the EpiPen be located on this excursion: _____

Special needs of my child of which you should be aware (e.g., allergies, medication – please provide full details):

Parent/Caregiver Contact No(s): (on date of this excursion)

Student's Mobile No: