



HENRY KENDALL HIGH SCHOOL

Principal – Andrew Backhouse

EXCURSION INFORMATION AND CONSENT FORM

Dear Parent/Caregiver

2 May 2016

The CAPA faculty has arranged for Henry Kendall High School staff and students to see the musical *Aladdin* at the Capitol Theatre in Sydney on Wednesday 17 August 2016.

For years 7 – 12 Music, Visual Arts and Drama students, it is to support work being done in the classroom on performance, perspective, design and stage craft.

The cost of the excursion is \$90.00. This includes the cost of tickets and travel by coach. We have limited number of 47 tickets.

The excursion will depart from school at 5.00pm and return to school at 11.30pm approximately. The performance starts at 8.00pm. Students will have the opportunity to purchase food at the food outlets near the theatre.

Dress to and from the venue: Smart casual.

The group will be supervised by Mr Clift, Mrs Gillard, Mrs Draper and other staff.

To secure a ticket, students need to pay by a deposit of \$40.00 by Friday 27 May 2016. The remaining \$50.00 needs to be paid by Thursday 30 June 2016 (Week 10 Term 2).

If photos are taken on this excursion, we require your permission to publish these in our newsletter and website. Please indicate below if you give permission.

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

Teacher:
Mary Gillard

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

✂

Please return this note with deposit to the Front Office by Friday 27 May 2016

I hereby consent to _____ (student's name) in Year ____ participating in an excursion to *Aladdin* at the Capitol Theatre in Sydney on Wednesday 17 October 2016. 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:

Faunce Street, Gosford NSW 2250

Telephone: (02) 4325 2110 Fax: (02) 4323 2685

Email: henrykenda-h.school@det.nsw.edu.au Website: www.henrykenda-h.schools.nsw.edu.au

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