



# HENRY KENDALL HIGH SCHOOL

Principal – Andrew Backhouse

## EXCURSION INFORMATION AND CONSENT FORM

Dear Parent/Caregiver

5 August 2016

Your child's class is going on an excursion to The Sydney Jewish on Thursday 25 August 2016.

This excursion for Modern History and History Elective has been planned to support work being done in the classroom on *associated historical work*.

The cost of the excursion is \$10.00 (payable to the office) for entry to the museum. Students will also require an Opal card with sufficient funds for the train. Please ensure students have a current concession card with them. The class will depart from Gosford Station at 7.45am and return at 3.00pm approximately.

Dress to and from the venue: Full school uniform including a jumper. Students not in full school uniform will not be permitted to attend, this includes suitable footwear.

Travel will be by train.

The group will be supervised by Mr Wawrzyk and Mr Macdonald.

**Please complete details below and return by Monday 22 August 2016. 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: .....  
Blake Wawrzyk

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

✂ .....

**Please return this note to Front Office with payment by Monday 22 August 2016**

I hereby consent to ..... (student's name) in Year \_\_\_\_ participating in an excursion to The Sydney Jewish Museum on Thursday 25 August 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: .....