



EXCURSION INFORMATION AND CONSENT FORM SYDNEY OPERA HOUSE

Dear Parent or Caregiver,

The school is arranging an excursion to **Sydney Opera House** on Wednesday **26th June 2019**. This excursion has been planned as part of a study program for Stage 4 English in term 2. In this program, "Story Factory" has been running a writing workshop known as **Art Write Light** which provides students an opportunity to engage with contemporary Australian artists and then create writing inspired by their creative practice and art works.

Students will visit the Sydney Opera House for a performance by Bangarra Dance Theatre. Theatre tickets and bus travel for this excursion are provided at no cost to students.

THE FOLLOWING DETAILS RELATE TO THIS EXCURSION

DATE OF EXCURSION:	Wednesday 26th June 2019
TIME:	Students will leave from school at 9:30am and will return to Chifley College Dunheved Campus by 3.15pm.
WHERE:	Sydney Opera House
TRANSPORT:	Students will travel from Chifley College Dunheved Campus to Sydney Opera House and return by bus. They are to arrange for their own transport to their homes from school at the end of the excursion.
COST:	Nil
WHAT TO BRING:	Students to bring their own food and drink.
SUPERVISED ON DAY BY:	Mr T.Gounder
TEACHER IN CHARGE:	Mr T Gounder

Students are to wear full school uniform including closed in shoes. Should any student not be dressed appropriately, they will not be allowed to attend. If students have mobile phones, they are requested to bring them on the excursion as a means of maintaining contact with staff.

Mrs Jennifer Ribeiro
Principal

Mr T Gounder
Head Teacher

Mr T.Gounder
Teacher/Coordinator

Chifley College Dunheved Campus

Learn Discover Inspire



EXCURSION CONSENT FORM TO Mr Gounder Return consent form by Friday 21st June 2019

1. I hereby consent to _____ (student name) participating in an excursion to Sydney Opera House on Wednesday 26th June 2019. **YES / NO (please circle)**
2. I am aware that the student will depart from school at 9:30am and return to school by 3.15pm. I am aware that students will miss Periods 1, 2, 3,4. **YES / NO (please circle)**
3. Please provide details of how your child will make their way home: _____
4. I am aware that the student will travel via bus. **YES/NO (please circle)**
5. I give permission for my child to receive medical treatment in case of emergency. **YES / NO (please circle)**
6. Special needs of my child which you should be aware (e.g. allergies, medication - please provide full details): _____

Parent/caregiver: Name

Parent/caregiver: Signature Date:

STUDENT DETAILS

Child's name:

Address:

Parent/caregiver contacts: Name Telephone

Name Telephone

Other Emergency contacts: Name Telephone

Name Telephone

Parent/caregiver: Signature Date: