



*Holy Cross College,
Ryde*

9th February 2008

Dear Parents

Information on an excursion which has been organised for your son's class appears below. Would you please read it, complete the permission slip and return it with the EXACT money enclosed.

SUBJECT:	Design and Technology	YEAR	12
DATE(S) OF EXCURSION/ACTIVITY:	Tuesday 2nd March		
EDUCATIONAL OBJECTIVE:	DesignTech Seminar ~ relating to student major design projects		
VENUE:	Powerhouse Museum		
TRAVEL ARRANGEMENTS:	DEPART FROM:	Holy Cross College Ryde	AT: 11.30
	DISMISSED FROM:	Powerhouse Museum	AT: 3.30 pm
TRANSPORT BY:	Bus		
DRESS:	School Uniform		
LUNCH:	At own cost		
COST:	\$30 Entry to Powerhouse Museum to paid to Bursar in the office. Cost of bus fare is at the students expense. As the College subsidises the cost of this event, and this is determined by the number of students expected to attend, refunds for absentees will not be given unless a doctor's certificate is provided to the Year Coordinator.		
MONEY AND NOTE DUE:	Wednesday 24th February	Money and permission notes received after this date will NOT be accepted and students will NOT be able to attend	

Students will be dismissed from the Powerhouse Museum at 3.30pm and will make their own way home.

Yours sincerely,

Ms Vanessa Bain
TAS/VET Coordinator

Mr. Michael McCormack
Assistant Principal

Please Return to the Bursar's Office by Friday, 15th February 2008

I give my son permission to attend the excursion to the **Powerhouse Museum on Tuesday, 19th February** and I authorize the person in charge of the activity to consent where it is impracticable to communicate with me, to my son's receiving such medical or surgical treatment as may be deemed necessary. I also understand the cost of this excursion is \$21.50 and my son will be dismissed from the Powerhouse Museum at 3.30pm to make his own way home.

As the college subsidises the cost of this event, and this is determined by the number of students expected to attend, refunds for absentees will not be given unless a doctor's certificate is provided to the Year Coordinator.

Parent's / Guardians Signature:

Son's Name: Homeroom:

Contact Phone Numbers

WORK	HOME	MOBILE	MEDICARE NUMBER (for use at medical centres etc)

Medical Register Information: OHS

Please complete the following if necessary.

Is there any physical / medical / emotional reason that could impact on your son's health/safety during the excursion (e.g.: serious asthma / injury):

Please State: _____

X

I hereby authorise Holy Cross College

to charge my Credit Account for the amount of \$21.50

Card details:- (Please circle one) Bankcard / Visa / Mastercard

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Cardholder's Name: Expiry Date:

Signature: