



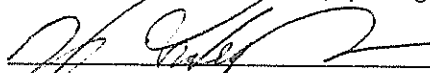
Sydney Writers' Festival – Write On


Dear Parent/Guardian, below are details of an upcoming excursion/school activity involving your child.


Class/Group: Write On	Venue/Destination: Sydney Writers' Festival, The Concourse, Chatswood.	Date: 3 May 2019
Start time: 7:45am Finish time: 3:00pm	Transport: Train to Chatswood Details: Meeting at Woy Woy Railway Station at 7:45am, we will travel by train to the Chatswood Railway Station. From here, we will walk to The Concourse for the performance. At the conclusion of the Festival, we will return to the Chatswood Railway Station before travelling by train back to Woy Woy. The excursion will conclude at 3:00pm at the Woy Woy Railway Station.	Dress requirements: Full uniform Other requirements: Bring your own lunch
Cost:	Permission note must be returned to Student Reception by 8 April 2019: The cost of this excursion is met by the Write On elective fee.	
Organising Teacher: Adam Phillips (Emergency care and CPR training completed) Contact Number: 0405122790 Staff attending: TBA		

****A risk assessment has been completed for this excursion which can be provided if requested****

Student Privacy Advice Notice – please go to <http://www.uma-h.schools.nsw.edu.au/permission-notes> for full details on the purpose of the school obtaining information about your child to assist with planning, support students and minimise risks when conducting school excursions, sporting or other activities.


Adam Phillips – Excursion Co-ordinator


Jessie Heighington – Head Teacher English


Principal

✂ [Tear and return]

Sydney Writers' Festival – Write On – Permission Note

STUDENT NAME: _____

ROLL CLASS: _____

I hereby consent to my child participating in _____ at the _____ on ____date____. I understand my child is responsible for completing missed work and demonstrating appropriate behaviour whilst participating on this excursion. My son/daughter has the following special needs (please provide full details and include any relevant medical details)

☐ Asthma ☐ Diabetes ☐ Epilepsy ☐ Other please state: _____

I understand that my child will receive medical treatment in the case of an emergency.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____



Proceed to BWSC Umina website (Make a Payment tab)
Online payment receipt no.: _____

Amount: \$ _____

Please find enclosed CASH / CHEQUE in the sum of \$ _____