



St Patrick's Parish School, Cooma Notification of an Excursion

Dear Parents/Guardians,

The School would like to inform you of an excursion that has been arranged for your child's participation. The details are as follows:

Title of Excursion and Area of learning	Year 9/10 Creative Arts and History excursion
Purpose for the excursion	<p>This is a compulsory excursion related to the curriculum and to topics studied in class. By combining these two excursions, we are able to make considerable savings on the transport costs.</p> <p>The National Gallery guided tour aims to develop students' appreciation of artworks created by internationally renowned artists.</p> <p>The War Memorial visit will further develop the students' understanding of Australia's role in war and peace. This is a compulsory part of the curriculum.</p>
Date/s of excursion	Thursday 16 November, 2017
Destination	National Gallery of Australia and the War Memorial, Canberra
Supervising Teacher/s	Rashida Nuridin and Kerrie Harris
Time and place of departure	9am from St Patrick's Parish School
Time and place of return	4.30pm to St Patrick's Parish School
Transportation	Bus
Cost	\$25.00
Special requirements or equipment	<p>Students will need:</p> <ul style="list-style-type: none">• Food and water (food is available at the gallery if needed, but there is limited time and it is expensive)
Dress code	Full school uniform (no sports uniforms)
Contact details	Mrs Rashida Nuridin- 6452 1721

Please complete the Excursion Consent and Medical Information Form and Indemnity Form and return it to the School with payment by **Monday 13 November, 2017**. If there are difficulties in making these payments, please contact the Principal to negotiate a plan. You are welcome to contact the School on 6452 1721, if you have any further queries.

Yours sincerely

Frances Robertson
Principal

Rashida Nuridin
Teacher in Charge



**St Patrick's Parish School, Cooma
Excursion Consent Form**

I _____ permit _____ of _____
(Name of Parent - printed) *(Name of Student)* *(Homeroom)*

to take part in _____ on _____
(Title of excursion) *(Date of excursion)*

I understand and agree with the activities of and arrangements made for the excursion. During the excursion, I delegate my authority to the supervising staff involved in the excursion. The staff may take necessary disciplinary action, to ensure the safety, wellbeing and successful conduct of the students as a group and individually. If a student fails to comply with regulations, arrangements and/or the spirit of the excursion, it may be necessary for him/her to return home. I understand that this expense will be my responsibility.

In the event of illness or an accident that requires medical attention, I permit supervising staff to seek necessary medical attention on behalf of my child and I agree to be responsible for any costs incurred through such action. This may include the use of an ambulance.

I further authorise qualified practitioners to administer anaesthetic, if such an eventuality necessitates it.

Signature of Parent: _____ **Date:** / /

Contact Numbers: Home: _____ Work: _____ Mobile: _____

PAYMENT DETAILS:

I enclose cash/cheque payable to St Patrick's Parish School, Cooma for \$ _____ **OR** please deduct from my Visa/Mastercard

Card No. _____ Exp Date: _ _ / _ _ Cardholder Signature: _____