



Excursion Information

Parramatta Law Courts - Yr11 Legal Studies

Monday, 12 November 2018

15 October 2018

Dear Parents/Caregivers,

Following are the details of an event that has been approved by the College Leadership Team.

Please read the information listed below, discuss the details with your child and then if there are no questions or concerns please complete the Permission Slip/Medical Information Form and return it to Mrs L Madigan no later than Monday, 5 November 2018.

Name of Organising Teacher:	Mrs L Madigan
Excursion Date:	Monday, 12 November 2018
Venue:	Parramatta Local Courts 12 George Street, Parramatta
Why students should attend:	Provides the student with an opportunity to improve their understanding of Australia's legal and court justice system
Excursion Cost:	Law Court Cost: No Cost
Departure point and time:	Quakers Hill Station, 7.00am
Return point and time:	Nirimba Campus, 2.15pm
	<u>Transport Costs and OPAL Card Details:</u> Students are not allowed to use their School OPAL Card for any travel which is not between school and home. Therefore students will need to use a valid personal OPAL card for excursion purposes which has sufficient credit to cover transport costs. For further information on OPAL cards please visit www.opal.com.au
Students are to wear:	Full College Summer Uniform
Other requirements:	Students are required to bring their own recess and lunch
Emergency contact details:	If Parents/Caregivers need to contact their child urgently or should your child not be home when expected please contact the organising teacher on 0434 814 526 (Nir) or the College on 9208 7200.

PERMISSION / MEDICAL INFORMATION FORM

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(To be completed by Parent/Caregiver and returned to **Mrs L Madigan** no later than **Monday, 5 November 2018**).

I give permission for my child _____ of Homeroom _____ to attend the above excursion at Parramatta Local Courts, 12 George Street, Parramatta.

- I have read and understand the information regarding this excursion.
- I have completed the Medical Information Form below.
- In case of an emergency, where medical assistance or treatment is required, I authorise the College to arrange for such assistance as is necessary.

Parent/Caregiver Signature

Date

Teachers Name: Mrs L Madigan	
Student Name:	Homeroom:
Address:	
Date of Birth:	Age at 2018 Birthday:
Home Telephone Number:	
Parents/Caregivers Work Telephone Number:	
Parents/Caregivers Mobile Number:	
Emergency Contact Phone Number:	
Family Doctor Name:	
Family Doctor Phone Number:	
List of any medications your child will be taking on the day:	
Medicare Number:	Private Health Fund: