



## Excursion Information

### Wayside Chapel Tour - Year 12 CFS

### Monday, 30 July 2018

28 June 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/Medical Information/Payment Envelope and return it to Ms Holly Powles via the college office no later than Wednesday, 4 July 2018.

<b>Name of Organising Teacher:</b>	Ms Holly Powles
<b>Excursion Date:</b>	Monday, 30 July 2018
<b>Venue:</b>	The Wayside Chapel 29 Hughes Street, Potts Point NSW 2011
<b>Why students should attend:</b>	This excursion links to the HSC Groups in Context Unit 2. Students are studying a number of groups in the community and one of the prescribed Category A groups is The Homeless. This excursion will provide students with a unique opportunity to learn about the needs, access to services and prevalence of the group. The tour of the chapel will be conducted by the Wayside Chapel Tour Host, Rob Holt.
<b>Departure point and time:</b>	Quakers Hill Station, 8.00am
<b>Return point and time:</b>	Quakers Hill Station, 3.00pm
<b>Students will be transported by:</b>	Train
<b>Excursion Cost:</b>	Tour Cost: \$18.35 - to be placed in the attached payment envelope and returned to the college office by Wednesday 4 July 2018
<b>Travel Costs &amp; Details:</b>	Students will meet at Quakers Hill Station. They will travel by train to Kings Cross Station and walk to the venue. They will return to Quakers Hill Station at approx 3.00pm where they will be dismissed.  Transport Costs and OPAL Card Details: 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 <a href="http://www.opal.com.au">www.opal.com.au</a>
<b>Additional Parent Details:</b>	As this excursion occurs outside school hours Parents/Caregivers will be responsible for organising the transport of their child to and from Quakers Hill Station and home.
<b>Students are to wear:</b>	Full College Winter Uniform
<b>Students are to bring:</b>	Lunch - students to provide their own lunch/snacks on the day
<b>Emergency contact details:</b>	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 / PAYMENT ENVELOPE**

**Wayside Chapel Tour - Year 12 CFS**

**Monday, 30 July 2018**



(To be completed by Parent/Caregiver and returned to **Ms Holly Powles** via the College Office no later than **Wednesday, 4 July 2018**)

I give permission for my child \_\_\_\_\_ of Homeroom \_\_\_\_\_ to attend the above excursion at The Wayside Chapel, 29 Hughes Street, Potts Point NSW 2011.

- I understand the cost of the excursion is: Tour Cost: \$18.35 - to be placed in the attached payment envelope and returned to the college office by Wednesday 4 July 2018
- I have completed the Permission/Medical Information/Payment Envelope and have read and understand the information regarding this excursion.
- I understand that this excursion occurs outside normal school hours and that I will be responsible for transporting my child to and from the College and home.
- I understand that students must wear Full College Winter Uniform
- 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 \_\_\_\_\_

<b>MEDICAL INFORMATION FORM</b>	
<b>Teachers Name: Ms Holly Powles</b>	
<b>Student Name:</b>	<b>Homeroom:</b>
<b>Address:</b>	
<b>Date of Birth:</b>	<b>Age at 2018 Birthday:</b>
<b>Home Telephone Number:</b>	
<b>Parents/Caregivers Work Telephone Number:</b>	
<b>Parents/Caregivers Mobile Number:</b>	
<b>Emergency Contact Phone Number:</b>	
<b>Family Doctor Name:</b>	
<b>Family Doctor Phone Number:</b>	
<b>List of any medications your child will be taking on the day:</b>	
<b>Medicare Number:</b>	<b>Private Health Fund:</b>
<b>Pre-existing illness/medical condition/injury/allergies. eg: Anaphylaxis (peanuts) - administer Epi-Pen immediately:</b>	

**Dissection Code: 14621-300-30010-0235**