

GLENWOOD HIGH SCHOOL

Opportunity

Diversity

ty Success

T 02 9629 9577 F 02 9629 2796

Forman Avenue, Glenwood NSW 2768 Email: glenwood-h.school@det.nsw.edu.au

Innovation

EXCURSION NOTE								
Excursion:	2019 Secondary Schools L	Maximum # of students:		2				
Subject / Purpose:	To develop knowledge of g	Grade: 12						
Venue:	NSW Parliament House	Date: Wed, 5.6.1		.19				
Departure time:	8:00am	Return time:	5:00pm (approx.)					
Students will depart from:	Glenwood High School	Glenwood High School						
Travel/transport will be by:	Bus							
Dress requirements:	Full school uniform							
Cost: NON-refundable	\$11.60 on Opal card or contactless card	Payment due by:	Student	provides ca	ard			
Supervising teacher/s:	Therese Pearce							

Dear Parent/Carer,

An excursion has been organised to support the following work being completed at school:

Collaborative school leadership and community engagement, building a culture of high expectations.

Please note that there may be a maximum number of students who may attend this event (see above). The signed permission note must be returned to the front office with the <u>correct money</u>. We are unable to provide students with change. We strongly encourage your child to attend this activity, as it will be a positive and valuable learning experience.

Therese Pearce Head Teacher Date: 30.5.19 Sonja Anderson Principal

YEAR 12 EXCURSION TO NSW PARLIAMENT HOUSE PERMISSION NOTE / MEDICAL INFORMATION								
I do / do not consent to my child	participating in an excursion to							
Parliament of NSW Student Leadership Program	on	Wed 5 th .	June, 20	19				
I understand and agree to the requirements and arrangements as stated on the excursion note.								
Special needs, allergies or medical condition/s that the school should be aware of:								
Has the school been provided with an individual health plan or emergency response plan for this condition? YES / NO I give / do not give permission for my child to receive medical treatment in case of emergency.								
Medicare No:	Expiry Date:			Card Reference No:				
Parent/carer's signature:			Date:					
Parent/carer's email:			Phone r	number:				