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| **EXCURSION NOTE** |
| **Excursion:** | Art Express | **Maximum # of students:** | 20 |
| **Subject / Purpose:** | Visual Arts | **Grade:** | 12 |
| **Venue:** | Art Gallery NSW | **Date:** | 3/3/20 |
| **Departure time:** | 8.30am | **Return time:** | 3.00pm |
| **Students will depart from:** | Bella Vista Station | **Students will return to:** | Bella Vista Train station |
| **Travel/transport will be by:** | Train |
| **Dress requirements:** | Full school uniform |
| **Cost: NON-refundable** | $ 7.00 plus train fare (opal card required) | **Payment due by:** | 21/2/20 |
| **Supervising teacher/s:** | A. McDonald |
| Dear Parent/Carer,An excursion has been organised to support the following work being completed at school: |
| ***Viewing of exemplar HSC artworks from 2019 students to inspire and motivate students in their own artmaking.******Viewing of Japan Supernatural exhibition to broaden student knowledge of different art practices.*** |
| 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 correct money. 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.  |
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| **Sonja Anderson**Principal | ***Mrs A McDonald***Head Teacher  |
| Date:  |  |
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| **YEAR 12 EXCURSION TO ART EXPRESS NSW ART GALLERY****PERMISSION NOTE / MEDICAL INFORMATION** |
| I do / do not consent to my child  |  | participating in an excursion to |
| ***Art Express*** | on | ***3//320*** |
| 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: |

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| Parent/carer’s signature: ……………………………………………… Date: ……………………………………………Parent/carer’s email: ……………………………………………… Phone number: …...……………………...….. |
| **Payment Method** |
| ( ) Cash ( ) Cheque ( ) Online paymentOnline payment must be made at least 3 days before payment due date | Online payment receipt no.:Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |
| **Online Payment Instructions:- Make a payment on GHS website**In the *Payments* option section, check *excursion* and enter payment description as: **Year 12 Art Express.** Please note the **last day for online payments** will be ***14/2/20*** before 6pm.Payments after this date must be by cash/cheque/EFTPOS directly to the front office to ensure your child’s place.Please hand in permission note with online receipt number to the front office. |