

Cut-off Date: _____



Hurlstone Agricultural High School

Roy Watts Road
GLENFIELD NSW 2167
School email: hurlstone-h.school@det.nsw.edu.au

Fax: 9829 2026
Phone: 9829 9222

December 17, 2018

EXCURSION CONSENT FORM

Please complete and return this form to Mrs Ross or Mr Musico by the Monday 18th February, 2019. Ensure your opal card has credit to pay for your train travel to and from the city .

Dear parent/guardian,

- Visual Arts students from elective classes in Years 9, 10 and 12 will be going on an excursion to The Art Gallery of New South Wales on Monday, 25th February 2019 to view Art Express and Masters of Modern Art from the Hermitage.
- This excursion has been planned to supplement the following work being done in the classroom:
 - * Understanding artmaking practices.
 - * Studies of Art Criticism and History.
- The cost of the excursion is \$ 7.00. Payment must be made to the front office before Monday 18th February 2019. Ensure your opal card has credit to cover your train travel to and from the city.
- The class will depart from Horne Park at 8:40 A.M. and return to Hurlstone Agricultural High School at approximately 3 P.M.
- Travel will be by Train
- Accompanying staff are Mr. Musico and Ms. Ross
- School uniform is to be worn to this excursion.

Special Needs

Special needs of my child which you should be aware (e.g. allergies, medication – please provide full details):

Privacy Advice

- The information provided on this consent form by the parent or caregiver is being obtained for the purpose of conducting a school excursion detailed above
- It will be used by the NSW Department of Education and Training for seeking consent for the child to undertake activities within this excursion activity
- Provision of this information is required by law / voluntary. It will be stored securely.
- You may correct any personal information provided at any time by contacting

.....
J.Ross
HT CAPA

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Deputy Principal

Consent

I hereby consent to participation in an excursion to

(Student's full name)

the The Art Gallery of New South Wales from 8:40 A.M. 25/2/19 to 3 P.M. 25/2/19.

I give permission for my child to receive medical treatment in case of emergency. YES / NO (please circle)

.....
Signature of Parent / Guardian

.....
Name of Parent / Guardian

.....
Date