



# Hurlstone Agricultural High School

Roy Watts Road  
GLENFIELD NSW 2167  
School email: [hurlstone-h.school@det.nsw.edu.au](mailto:hurlstone-h.school@det.nsw.edu.au)

Fax: 9829 2026  
Phone: 9829 9222

December 14, 2018

## EXCURSION CONSENT FORM

Please complete and return this form to your Visual Arts teacher by the Thursday 7<sup>th</sup> of February 2019. Payment must be made to the front office prior to 7/2/19.

Dear parent/guardian,

- Year 8 Visual Arts students will be going on an excursion to The Art Gallery of New South Wales on **Tuesday Feb 12th 2019 to view the Masters of Modern Art from the Hermitage exhibition**.
- 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 \$12.00. **Students will be required to bring their own Opal card loaded with sufficient funds for the return trip to the city.**
- The class will depart from **Horne Park at 8:40am** and return to **Hurlstone Agricultural High School at approximately 3.00 pm**.
- Travel will be by **Train**
- Accompanying staff are **Mr. Musico, Ms. Ross and Ms Connell**
- 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**

  
.....  
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 **8:40am 12/2/19** to **3.00 pm 12/02/2019**.

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