



## Excursion Information

### 2017 HSC Studies of Religion Focus Day

### Monday 26 June 2017

23 May 2017

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 Slip/Medical Information Form and return it to the organising teacher via the College Office no later than Monday, 19 June 2017.

<b>Name of Organising Teacher:</b>	Ms A Shaw	
<b>Excursion Date:</b>	Monday 26 June, 2017	
<b>Venue Name:</b>	ACU Strathfield	
<b>Address/Location:</b>	25A Barker Road Strathfield NSW 2135	
<b>Why students should attend:</b>	The SOR focus day is an invaluable experience that provides students with the opportunity to solidify their knowledge of the Religion Tradition Studies taught at St John Paul II. This will serve as part of their preparation for the upcoming Trial and HSC exams.	
<b>The cost of the event is:</b>	No Cost	
<b>Starting point and time:</b>	Nirimba Campus	8.10am
<b>Finishing point and time:</b>	Nirimba Campus	4 pm
<b>Transport details:</b>	Students will travel with their teachers on the buses provided by the school. Students will return to Nirimba Campus at 4 pm and must make their own way home.	
<b>Students are to wear:</b>	Studies of Religion: Full College Winter uniform	
<b>Other Requirements:</b>	Studies of Religion: Exercise book/note pad, pens, highlighters	
<b>Emergency contact details:</b>	If Parents/Caregivers need to contact their child urgently please contact the College on 9208 7200.	

# **PERMISSION/MEDICAL INFORMATION FORM** **2017 HSC Studies of Religion Focus Day** **Monday, 26 June 2017**

(To be completed by Parent/Caregiver and returned to **Ms A Shaw** via the College office no later than Monday, 19 June 2017).

I give permission for my child \_\_\_\_\_ of Homeroom \_\_\_\_\_ to attend the above Stations of the Cross performances.

- ☐ I have completed the Medical Information Form below and I have read and understand the information regarding this event.
- ☐ 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>Teachers Name: Ms A Shaw</b>	
<b>Student Name:</b>	<b>Homeroom:</b>
<b>Address:</b>	
<b>Date of Birth:</b>	<b>Age at 2017 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:</b>	