# St John Paul II Catholic College

FORMERLY KNOWN AS TERRA SANCTA COLLEGE

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**SCHOFIELDS CAMPUS** Years 7 – 10 Ph: 9208 7200 Fax: 9208 7230

NIRIMBA CAMPUS Years 11 & 12 Ph: 9208 7200 Fax: 9208 7290

## **Excursion Information**

### Australian Museum Year 9 History Elective Tuesday, 28 November 2017

10 November 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 Mrs Lisa-Maree Madigan no later than Wednesday, 15 November 2017.

Name of Organising Teacher: Mrs Lisa-Maree Madigan

**Excursion Date:** Tuesday, 28 November 2017

Venue Names: Australian Museum

Why students should attend: Students are given the opportunity to develop their understanding of

historical skills and concepts in practice.

**Departure point and time:** Quakers Hill Station, 8.00am

**Return point and time:** Quakers Hill Station, 3.00pm

**Students will be transported by:** Students Own Transport

**Transport Cost:** Venue Entry - No Cost.

Transport Cost: Students are not allowed to use their School Opal for any travel which is not between school and home. Therefore, students will need to purchase a Child/Youth Opal Card prior to the excursion date and make sure that there are sufficient funds available on the card to cover the cost of fares. For further information on how to

acquire a Child/Youth Opal Card please visit www.opal.com.au/en/get-an-opal-card

**Additional Parent Details:** As this excursion occurs outside school hours Parents/Caregivers are

responsible for transporting their child between departure and return

point and home.

**Students are to wear:** Sport Uniform

**Other requirements:** Students are to bring a pen and notebook. Students to bring a small

bag for their lunch

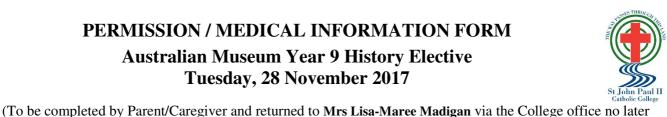
**Emergency contact details:** If Parents/Caregivers need to contact their child urgently or should

your child not be home when expected please contact the organising

teacher on 0434 895 095 (Sch) or the College on 9208 7200.

#### PERMISSION / MEDICAL INFORMATION FORM

#### Australian Museum Year 9 History Elective Tuesday, 28 November 2017



than Wednesday, 15 November 2017. I give permission for my son/daughter \_\_\_ \_\_\_\_\_ of Homeroom\_\_\_\_\_ to attend the above excursion to the Australian Museum. Please tick necessary boxes I have completed the Medical Information Form below and I have read and understand the information regarding this excursion. I understand that students must wear: Sport 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 MEDICAL INFORMATION In case of an emergency, where medical assistance or treatment is required, I authorise the College to arrange for such assistance as is necessary. **Teachers Name:** Mrs Lisa-Maree Madigan **Student Name:** Homeroom: Address: Date of Birth: Age at 2017 Birthday: **Home Telephone Number:** Parents/Caregivers Work Telephone Number: **Parents/Caregivers Mobile Number: Emergency Contact Phone Number: Family Doctor Name: Family Doctor Phone Number:** List of any medications your child will be taking on the day: **Medicare Number: Private Health Fund:** Pre-existing illness/medical condition/injury/allergies: