



# St Clare's College

9th April 2019

Dear Parents and Carers,

## Year 7 Visual Arts Excursion - Art Gallery of NSW

Purpose of excursion is to view the Archibald Prize Exhibition and general exhibitions at the Art Gallery of NSW. The excursion will continue to the Australian Museum to gather resources for Semester 2 Artmaking Activities.

<b>Date:</b>	Wednesday 19th June 2019
<b>Venue &amp; address:</b>	Art Gallery of NSW - Art Gallery Road & The Australian Museum
<b>KLA:</b>	CAPA
<b>Teacher in Charge:</b>	Ms Georgina Papayianakis
<b>Support Teacher(s):</b>	Ms Maree-Louise Smith, Ms Sally Leong, Ms Amy Dunlop & Ms Amelia Griffiths
<b>Transport:</b>	Private Bus
<b>Meeting place &amp; time:</b>	St Clare's College 9.00am
<b>Return time:</b>	Approximately 3pm
<b>Uniform:</b>	Full School Uniform, including Blazer & Excursion Bag
<b>Lunch:</b>	Students are to bring their own recess, lunch and water bottle in excursion bag,
<b>What to bring:</b>	Visual Arts Process Diary, pencil, sharpener, rubber and camera.
<b>Emergency contact:</b>	8305 7100

Students are reminded that their behaviour will need to be of the highest standard when representing the College. If you have any concerns regarding the information that has been outlined in this letter, please do not hesitate to contact the Teacher in Charge at the College on 8305 7100. Parents are asked to advise the College of any changes to their daughter's Medical Form that was completed when your daughter commenced at St Clare's College.

Thank you for your support.

Regards,

Ms Georgina Papayianakis  
Teacher in Charge

Mrs Kerrie McDiarmid  
Deputy Principal



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## CONSENT FORM

Please complete and return the consent form to your **Visual Arts teacher** by **Tuesday 11th June 2019**. **No student will be allowed to attend the above excursion without this completed permission slip.**

I have read the attached information and I give consent for my daughter, \_\_\_\_\_ in **Year 7** to attend the **Visual Arts Excursion** on **Wednesday, 19th June 2019**. To the best of my knowledge, she has no medical condition, disability or injury which puts her at risk of participating in this activity.

My daughter has the following special needs/medical condition. (Please provide the relevant allergies, medication) \_\_\_\_\_

I agree to delegate my authority to the College staff. I accept that the teachers will take appropriate disciplinary action necessary to ensure the safety, conduct and well-being of the students who are participating in this excursion/activity.

In the event of any illness, injury or accident, I authorise the obtaining of such medical assistance as my daughter may require. I accept all medical treatment, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any medical expenses thus incurred.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Medicare No:** \_\_\_\_\_ (for use at a Medical Centre or Surgery).

**Contact Numbers:** Mobile \_\_\_\_\_ Work \_\_\_\_\_

Home \_\_\_\_\_ Other \_\_\_\_\_