



# St Clare's College

27 March 2019

Dear Parents and Carers,

## Year 9 History Excursion - Understanding the Holocaust at The Sydney Jewish Museum

To allow students to hear first hand testimony from Holocaust survivors alongside a museum educator.  
Links to Year 9 program regarding WW11 experiences and impacts.

|                                  |  |
|----------------------------------|--|
| <b>Date:</b>                     | Tuesday 18th June 2019                                     |
| <b>Venue &amp; address:</b>      | Sydney Jewish Museum - 148 Darlinghurst Road, Darlinghurst |
| <b>KLA:</b>                      | HSIE   |
| <b>Teacher in Charge:</b>        | Ms Kirstie Mason   |
| <b>Support Teacher(s):</b>       | Ms Claire Mulcahy, Mr Thomas Cooper, LST                   |
| <b>Transport:</b>                | Private Bus  |
| <b>Meeting place &amp; time:</b> | Students will leave the College at 9am                     |
| <b>Return time:</b>              | Students will return to the college at approximately 3pm   |
| <b>Uniform:</b>                  | Full School Uniform, Excursion Bag                         |
| <b>Lunch:</b>                    | Students to bring their own recess, lunch and water bottle |
| <b>What to bring:</b>            |  |
| <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 Kirstie Mason  
Teacher In Charge

Mrs Kerrie McDiarmid  
Deputy Principal



# *St Clare's College*

## CONSENT FORM

Please complete and return the consent form to your **History Teacher** by **Tuesday 11 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 9** to attend the **History Excursion** on **Tuesday 18th 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 Number:** Mobile \_\_\_\_\_

Work \_\_\_\_\_

Home \_\_\_\_\_

Other \_\_\_\_\_