



St Clare's College  
Waverley

# St Clare's College

5th February, 2019

Dear Parents and Carers,

## Year 12 Advanced English - The Tempest Theatre Trip

Purpose of excursion: Year 12 are studying The Tempest as part of their HSC pattern of study.

**Date:** Thursday 9th May, 2019

**Venue & address:** Seymour Centre - City Rd & Cleveland Street, Chippendale NSW 2008

**KLA:** English

**Teacher in Charge:** Ms A Emms

**Support Teacher(s):**

**Transport:** Students will travel by public transport from Bondi Junction to Redfern then walk to venue. Student will need an Opal Card with sufficient funds.

**Meeting place & time:** St Clare's College 11.30am

**Return time:** Students will be dismissed from the venue at approximately 3.30pm

**Uniform:** Full School Uniform

**Lunch:** Students to bring their own lunch

**What to bring:** **Opal card with sufficient funds**

**Emergency contact:** 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 A Emms  
Teacher in Charge

Mrs Kerrie McDiarmid  
Deputy Principal



# St Clare's College

## CONSENT FORM

Please complete and return the consent form to **Ms Emms** by **2nd May, 2019**. **No student will be allowed to attend the above excursion without this completed permission slip.**

**Please note: Students will be dismissed from the venue at approximately 3.30pm**

I have read the attached information and I give consent for my daughter, \_\_\_\_\_ in **Year 12** to attend the **Year 12 Advanced English Tempest Theatre Trip** on **Thursday, 9th May 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 \_\_\_\_\_