



# St Clare's College

21 February 2019

Dear Parents and Carers,

## Year 12 English Ext 1 Student Day

Purpose of excursion: Enhance skills of English Extension 1 students.

**Date:** Sunday 19th May, 2019

**Venue & address:** Newington College, 200 Stanmore Road, Stanmore NSW 2048

**KLA:** English

**Teacher in Charge:** Ms M Gray-Weale

**Support Teacher(s):**

**Transport:** Students make their own way to and from the venue.

**Meeting place & time:** Newington College at 9am

**Return time:** Dismissed at 2.45pm

**Uniform:** Neat casual attire

**Lunch:** Newington College Canteen will be open

**What to bring:**

**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 M Gray-Weale  
Teacher in Charge

Mrs Kerrie McDiarmid  
Deputy Principal



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## CONSENT FORM

Please complete and return the consent form to **Ms Gray-Weale** by **Wednesday, 15th May, 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 12** to attend the **Year 12 English Ext 1 Student Day Excursion** on **Sunday, 19th 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 \_\_\_\_\_