



# Holy Cross College, Ryde

517 Victoria Road, Ryde NSW 2112

Phone: 9808 1033

[www.holycrosscollege.org](http://www.holycrosscollege.org)

21 March 2017

Dear Parents/Guardians

## Re: Year 10 Design and Technology Task 1

As part of their studies in Design and Technology, our students have been researching and designing model rockets as a component of the aeronautics unit. Each student has designed their own rocket in class. These were then 3D printed.

After seeking permission from Ryde Council and the Civil Aviation Authority an opportunity has presented where students are able to test their designs with a rocket launch. This will help to determine the success of each design as they are able to watch the flight path of each rocket, and link to their proposed outcomes.

Ryde Council and the Civil Aviation Authority have given permission for us to test the students' rockets at Christie Park this Wednesday, 22 March. I apologise for the late notice but we have been awaiting approval from these statutory authorities and have been granted a limited window in which to conduct our test.

It is proposed that the class leave the College at 1:35 pm tomorrow and travel by school bus to Christie Park, returning at approximately 3:05pm. This will coincide with the students' lunch break and DAT class.

There will be no cost to the students for this activity.

If you have any questions about this activity please do not hesitate to contact Mr Vince Signorelli on 9808 1033 or by email [v.signorelli@syd.catholic.edu.au](mailto:v.signorelli@syd.catholic.edu.au)

Yours sincerely,

Ms Sabnam Kanta  
LEADER OF LEARNING: TAS/VET

Mr Michael Reid  
ASSISTANT PRINCIPAL

## Please Return Permission Note to Mr Vince Signorelli

I give permission for my son ..... HCT ..... to attend the testing of the students' rockets at Christie Park on Wednesday, 22 March and I authorize the person in charge of the activity to consent where it is impracticable to communicate with me, to my son's receiving such medical or surgical treatment as may be deemed necessary.

Parent's / Guardians Signature: .....

### Contact Phone Numbers

WORK	HOME	MOBILE	MEDICARE NUMBER (for use at medical centres etc)

### Medical Register Information: OHS

*Please complete the following if necessary.*

Is there any physical / medical / emotional reason that could impact on your son's health/safety during the excursion (e.g.: serious asthma / injury):

Please State: \_\_\_\_\_