



# Holy Cross College, Ryde

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

8<sup>th</sup> May 2017

Dear Parents of Year 10 Students,

## Re: Year 10 Romeo and Juliet Excursion

All students in Year 10 English will be viewing a production entitled **Romeo and Juliet** on **Tuesday 20th June 2017**.

A study of Romeo and Juliet occurs in late Term 2 and students will have a writing assessment task based on their study of the play. The Bell Shakespeare Company is considered Australia's leading Shakespeare theatre company and it is important that students in Year 10 have the chance to watch a performance this year. Please bear in mind that *Romeo And Juliet* is a tragedy, and as such there will be some violence, scenes of passion, adult themes and the depiction of teen suicide.

The details are as follows:

- TITLE:** Romeo and Juliet
- DATE:** **Tuesday, 20th June 2017**
- TIME:** Students will leave school by bus at **12.00pm**.  
Students will return to school by bus by approximately **3:20pm**
- VENUE:** The Seymour Centre, The University of Sydney.
- DRESS:** Summer uniform.  
School logo backpack or maroon school small sports bag only. No other bags to be carried.
- LUNCH:** Students are to bring their own recess, lunch and water for the duration of the day.  
There will be **NO** access to Café facilities.
- COST:** The cost of the performance has been included in the school fees.

Please complete the attached permission note and return it to your son's English Teacher by Thursday 15<sup>th</sup> June 2017.

Yours sincerely,

Ms VICTORIA KEECH  
ENGLISH LEADER OF LEARNING

Mr MICHAEL CROUCHER  
DIRECTOR OF CURRICULUM

*Please Return to your son's English Teacher by  
Thursday 15<sup>th</sup> JUNE 2017*

I give my son permission to attend the English excursion to The SEYMOUR CENTRE and I authorise 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.

Parents' / Guardians' Signature: .....

Son's Name: .....

Homeroom: .....

**Contact Phone Numbers**

<b>WORK</b>	<b>HOME</b>	<b>MOBILE</b>	<b>MEDICARE NUMBER</b> (for use at medical centres etc.)

**Medical Register Information: WHS**

*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: \_\_\_\_\_

\_\_\_\_\_