



Holy Cross College, Ryde

517 Victoria Road, Ryde NSW 2112
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8 June 2017

Dear Parents of Year 12 Physics Students,

Re: Year 12 HSC Physics Kickstart Excursion

Year 12 Physics students will be attending a Kickstart Physics workshop for the Ideas To Implementation unit on Monday 19th June 2017. This workshop covers key experiments from the Ideas to Implementation unit along with providing students an opportunity to engage in conversation with PhD students from the Physics department at the University of Sydney. The cost of the excursion has been covered by the school fees for each student.

The details are as follows:

- TITLE:** Kickstart Physics
- DATE:** Monday 19 June 2017
- TIME:** Students need to meet at the University of Sydney Physics building no later than 9:15am. Students will finish at the venue at 12:30pm and will make their own way home at the conclusion of the workshop.
- VENUE:** University of Sydney
- DRESS:** Casual dress is acceptable. Students will be required to bring a pen and calculator. All other materials will be provided at the venue.
- LUNCH:** Students are to bring their own lunch and water to the venue. There will be a cafe on site where food can be purchased.
- COST:** The cost of the workshop has been included in the students' school fees.

Please complete the attached permission note and return to your son's Physics teacher by Friday 16 June 2017.

Yours sincerely,

Mr Jerome Capistrano
LEADER OF LEARNING - SCIENCE
LEARNING

Mr Michael Croucher
DIRECTOR OF CURRICULUM &
LEARNING

**Please return to your son's Physics teacher by
Friday 16 June 2017**

I give permission to attend the excursion to the University of Sydney and I authorise the person in charge of the activity to consent where it is impractical to communicate with me, to my son's receiving such medical or surgical treatment as may be deemed necessary.

Parent's / Guardians Signature

Son's Name

Homeroom

Contact Phone Numbers

WORK	HOME	MOBILE	MEDICARE NUMBER (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:
