



Holy Cross College, Ryde

517 Victoria Road, Ryde NSW 2112
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8 June 2017

Dear Parents of Year 12 English Studies Students,

Re: Year 12 English Studies Excursion

All students in Year 12 English Studies will be participating in a Writing Workshop at **The Sydney Story Factory on Wednesday 14th June 2017.**

In the workshop, the students will have the opportunity to refine their writing skills and learn about Indigenous culture and heritage. Upon return to school from the workshop, students will have two lessons devoted to English Studies to allow them to continue with their creative writing and/or coursework. Mrs Russell will be supervising them for these classes.

The details are as follows:

- TITLE:** Writing Workshop
- DATE:** **Wednesday, 14th June 2017**
- TIME:** Students need to be at school no later than 8:45am.
Student will return to school by bus no later than 12.30pm. Students are to bring their English books for Period 4 and 5..
- VENUE:** Sydney Story Factory, 176 Redfern St Redfern, 2016.
- DRESS:** Full winter uniform including blazer and tie.
- LUNCH:** Students are to bring their own recess and water for the morning. There will be no access to other facilities.
- COST:** The cost of the Workshop has been included in the school fees.

Please complete the attached permission note and return it to your son's English Teacher by Friday 4th March 2016.

Yours sincerely,

Ms Victoria Keech
LEADER OF LEARNING - ENGLISH

Mr Michael Croucher
DIRECTOR OF LEARNING AND CURRICULUM

*Please Return to your son's English Teacher by
Tuesday June 13th 2017*

I give my son permission to attend the excursion to the Writing Workshop 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.

Parent's / Guardians Signature:

Son's Name:

Homeroom:

Contact Phone Numbers

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

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: _____
