



Holy Cross College, Ryde

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30 October 2017

Dear Parents and Guardians,

You will, undoubtedly, be aware that young P-Plate drivers are over-represented in **motor vehicle accidents** on NSW roads.

As I have communicated previously (letter dated 10 October 2017) it is the policy of the College that, Year 11 students are required to **make an application to drive**; forms can be obtained from me and need to be signed **by you, the parents and the Principal**. This forms part of the College's effort to promote road safety for our young drivers.

In addition, I have arranged for the students to attend a RYDA (Road Safety Education) excursion.

Details of the program are as follows:

- RYDA Sydney Olympic Park
- Date: Wednesday, 29 November
- Time: 8.45am – 3.00pm
- Transport: Students will travel by bus to and from the venue.

Students are required to attend in **full School Uniform** and are asked to bring lunch. Students must also be aware that they are representing the College and any misbehaviour will result in serious consequences and not being allowed to drive to school at any time.

Any student who does not have the **correct neat and tidy uniform** will not be allowed on the bus and will remain at school.

There are a number of other challenging **issues** confronting adolescents at this stage of their lives. Parents need to be aware of these issues and be able to work in conjunction with the College to achieve the best outcomes for your son's.

Yours sincerely

Mr Andrew Gillies
YEAR 11 CO-ORDINATOR

Mr Michael Reid
ASSISTANT PRINCIPAL

Please Return to HCT Teacher by Monday 5 November

I _____ give permission for my son/guardian _____ to attend **the Driver Education Program** at Sydney Olympic Park.

I authorize the person in charge of the outing to consent where it is impracticable to communicate with me, to my son receiving such medical or surgical treatment as may be deemed necessary.

Parent/guardian Signature

Date: _____

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: _____