



# Holy Cross College, Ryde

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Wednesday, 31 January 2018

Dear Parents and/or Guardians,

## Re: Year 12 Chemistry Excursion

Year 12 Chemistry students will be attending an excursion to the Australian Nuclear Science and Technology Organisation (ANSTO) at Lucas Heights.

Students will be touring the research facilities which include the nuclear reactor and linear accelerator. They will also be given a lecture covering specific syllabus outcomes which are part of the HSC Chemistry course.

The details are as follows:

**TITLE:** Year 12 Chemistry ANSTO Excursion

**DATE:** Tuesday, 13<sup>th</sup> February 2018

**TIME:** Students need to be at school no later than 8:30am.  
Student will return to school by bus at approximately 3:05pm

**VENUE:** ANSTO, Lucas Heights

**DRESS:** Summer uniform

**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 excursion has been included in the school fees.

Please complete the attached permission note and return it to your son's Chemistry Teacher by 9<sup>th</sup> February 2018

Yours sincerely,

Mr Jerome Capistrano  
*Leader of Learning - Science*

Mr Michael Croucher  
*Director of Learning and Curriculum*

# Year 12 Chemistry ANSTO Excursion

Please tick

- I give my son permission to participate in the Year 12 Chemistry ANSTO Excursion
- 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 / Guardian's Signature: \_\_\_\_\_

Son's Name (please print full name): \_\_\_\_\_

Son's Signature: \_\_\_\_\_

HCT Class: \_\_\_\_\_

***Please note: we will source your emergency contact numbers and other necessary medical details from our database. If you are confident that this information is correct, please tick the box below. Otherwise, please update your personal information in the space provided.***

Please tick

- Please source my emergency contact details and medical information for my son from the College database.

**OR**

Provide updated details:

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

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

- No
- Yes, please state: \_\_\_\_\_

**Please return to Mr Capistrano by Friday 9<sup>th</sup> February 2018**