



# Holy Cross College, Ryde

517 Victoria Road, Ryde NSW 2112  
Phone: (02) 9808 1033 Fax: (02) 9809 7207  
Web: [www.holycrosscollege.org](http://www.holycrosscollege.org)  
Email: [info@holycrosscollege.org](mailto:info@holycrosscollege.org)

## Re: Year 10 Geography Excursion

2nd February 2018

Dear Parents/Caregivers,

An excursion has been arranged for your son to undertake fieldwork focusing on investigating Changing Places in Barangaroo, Circular Quay and Pyrmont. It will provide an engaging opportunity for the students to identify and gather geographical information. In particular, it will allow them to obtain information that will assist them in the completion of their first assessment task.

The details are as follows:

<b>Date:</b>	<b>Tuesday 13 February 2018</b>
<b>Time:</b>	Students are to be at the College no later than <b>8:25am</b> and should return by 3.10pm
<b>Transport:</b>	Bus, Ferry & Walking
<b>Location:</b>	Barangaroo, Circular Quay and Pyrmont
<b>Uniform:</b>	Full sports uniform with lace up shoes <b>MUST</b> be worn. Students may bring their own bag.
<b>Other Requirements:</b>	Students are required to bring their recess, lunch, sunscreen and water. There will be no opportunity for students to purchase lunch.

### Why students should attend this excursion

The excursion addresses the requirements of the Stage 5 Geography course. It will allow students to consolidate their Geography studies through practical applications and will assist them in the completion of their first assessment task.

**Please return the permission slip below to your son's H.S.I.E teacher by Friday, 9 February 2018.**

Yours sincerely,

Paul Sands

Leader of Learning HSIE

Michael Croucher

Director of Learning and Curriculum

Please Return to your son's H.S.I.E Teacher by  
Friday, 9th February 2018

I give my son permission to undertake fieldwork around Barangaroo, Circular Quay and Pyrmont on **Tuesday, 13 February** 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. I also understand that my son must be at school no later than **8:25am** on Tuesday, 13 February.

Parent's / Guardian's 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: \_\_\_\_\_

\_\_\_\_\_