



Holy Cross College, Ryde

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16 February 2018

Dear Parents and/or Guardians,

Re: Year 11 Geography Excursion

An excursion has been arranged for your son to undertake fieldwork focusing on investigating aspects of the coastal biophysical environment and examine the ways in which humans impact on and are affected by natural coastal processes. 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 excursion addresses the mandatory requirements of the Stage 6 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.

The details are as follows:

Date:	Wednesday 7 March 2018
Time:	Students are to be at the College no later than 7:45am and will return at approximately 3.30pm
Transport:	School Minibus & Walking
Location:	Long Reef Headland to Collaroy
Dress:	Full sports uniform with lace up shoes MUST be worn. Students may bring their own bag.
Other Requirements:	Students are required to bring their recess, lunch, sunscreen and water. There will be no opportunity for students to purchase lunch.

Please complete the attached permission note and return it to Mr Baird by Wednesday 28 February 2018.

Yours sincerely,

Paul Sands
Leader of Learning HSIE

Michael Croucher
Director of Learning and Curriculum

Year 11 Geography Excursion

Please tick

- I give my son permission to participate in the Year 11 Geography 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 Baird by Wednesday, 28 February 2018