



Holy Cross College, Ryde

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16 February 2018

Dear Parents and/or Guardians,

Re: Year 11 Visual Arts Excursion

Year 11 Visual Arts students will be attending an excursion to the Art Gallery of NSW, where they will visit the Art Express exhibition. Following the exhibition, students will visit the Brett Whiteley Studio in Surry Hills, where they will participate in a workshop which will assist them with their first unit of work. The excursion is a compulsory part of their preliminary course.

Please note that students will be participating in an art making component of the workshop which may involve a model.

The details are as follows:

- TITLE:** Art Express and Brett Whiteley Studio
- DATE:** **Wednesday, 14 March 2018**
- TIME:** Departing Holy Cross College, Ryde at 9am
Student will return to school by bus at approximately 4:00pm
- VENUE:** Art Gallery of NSW & Brett Whiteley Studio (Surry Hills)
- DRESS:** Sports Uniform
- 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 Visual Arts Teacher by March 12th, 2018.

Yours sincerely,

Ms. Sabina Prodanovic
Visual Arts Teacher

Mr Michael Croucher
Director of Learning and Curriculum

Art Express & Brett Whiteley Excursion

Please tick

- I give my son permission to participate in the Art Express & Brett Whiteley excursion.
- I give my son permission to be dismissed from the Brett Whiteley Studio at 3pm and make his own way home.
- 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 Ms Prodanovic by Monday 12 March 2018