



Holy Cross College, Ryde

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23 February 2018

Dear Parents of Year 9 iSTEM Students,

Re: Year 9 iSTEM Powerhouse Museum Excursion

Year 9 iSTEM students will be attending a two workshops at the Powerhouse Museum to gain a deeper understanding of coding and problem solving. Students will gain an understanding of coding principles and afforded to opportunity to use world class facilities to develop their coding skills. Students will be provided with challenges that will require their application of their knowledge of coding and problem solving which will form a strong basis for their upcoming semester which will require knowledge of coding and microprocessors.

The details are as follows:

- TITLE:** Powerhouse Museum Excursion
- DATE:** **Tuesday 20 March 2018**
- TIME:** Students will meet at school and depart for the venue at 9:00 AM. Students will return to school at 3:05 PM for dismissal.
- VENUE:** Powerhouse Museum, 500 Harris St, Ultimo
- DRESS:** Students are to wear full school uniform
- LUNCH:** Students are to bring their own lunch and water to the venue.
- COST:** The cost of the workshop has been included in the students school fees.

Please complete the attached permission note and return to your son's iSTEM teacher by Friday 9 March 2018.

Yours sincerely,

Mr Jerome Capistrano
Leader of Learning - Science

Mr Michael Croucher
Director of Curriculum & Learning

iSTEM Powerhouse Museum Visit

Please tick

- I give my son permission to participate in the iSTEM Powerhouse Museum visit.
- 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 Bryers by Friday 9 March 2018