 WYNDHAM COLLEGE

 *“Working Together to Widen Horizons”*

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**EXCURSION – UTS STEM DAY - UTS BROADWAY CAMPUS ULTIMO**

Dear Parent / Caregiver 23 May 2019

Your child is invited to attend an educational excursion to **University Technology Sydney Broadway Campus at Ultimo** on **Tuesday 25 June 2019.**

Students will meet at UTS at **8.30am**. The day will finish at **2.30pm.**

Students will be travelling by **rail**. **(Students must have their own personal Opal Card)**

**(NOT THEIR SCHOOL OPAL CARD)**

Students will make their own way to and from the venue. **Students will be dismissed at the venue at 2.30pm**.

Students will be supervised by Kumie Pather & Kuldip Arora at the venue only

Students will be expected to wear **full** **school uniform.**

**Important Note: When there is a variation to routine, it is the student’s responsibility to determine what assessment tasks are going to be affected by their absence and make suitable arrangements with the subject Head Teacher.**

Students that are **Anaphylactic, Asthmatic or Diabetic** **MUST** have with them, their – Epi Pen, Puffer or Tablets when going on any Excursions. Otherwise they will **NOT BE PERMITTED** to attend.

Kumie Pather / Kuldip Arora Karen Smith

**Organising Teacher Principal**

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**EXCURSION – UTS STEM DAY - UTS BROADWAY CAMPUS ULTIMO**

***Please return permission note to Kumie or Kuldip by Monday 11 June 2019***

I hereby give my child ……………………………………………………… permission to participate in an educational excursion to **University Technology Sydney Broadway Campus at Ultimo** on **Tuesday 25 June 2019.**

Special needs of my child of which you should be aware (eg allergies etc)

……………………………………………………………………………………………………………………………………………………………………….

*Has the school been provided with an individual health plan or emergency response plan for this condition?* **Please circle:** YES or NO

Daytime phone number of parent / caregiver …………………………………………………………………………………………….

Student mobile number……………………………………………………………………………………………………………………………..

**I give/do not give permission for my child to receive medical treatment in case of emergency**

Medicare No: Expiry Date: Card Reference No:

Signature……………………………………………………………………. Date………………………………………

 (parent / caregiver)