WYNDHAM COLLEGE

Nirimba Education Precinct

Eastern Road

QUAKERS HILL NSW 2763

Phone: 9208 7100

Email: wyndhamcol-h.school@det.nsw.edu.au

Dear Parent / Caregiver,

Your Child is invited to attend an excursion to the **Australian Indigenous Mentoring Experience (AIME) at Western Sydney University, Parramatta.**

Dates: 13 May, 26 Aug & 21 Oct 2019

Venue: **Parramatta**

Depart from: **Wyndham College**

Departure time: **8.15 am**

Place of return: **Wyndham College**

Time of return: **3.00 pm**

Cost: **NA**

Travel by: **School bus**

Dress: **Full school uniform**

Details: **Students are to meet at the Front Office @ 8.15 am**

Teachers attending: **Brian Ewin & Rachel Kelso**

Return note by:

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.

Organising teachers:

Brian Ewin Rachel Kelso

Head Teacher Teaching and Learning Aboriginal Education AIME Team Leader

Karen Smith

Principal

The information provided below is being obtained for the purpose of the safe conduct of the excursion. It will be used by the NSW Department of Education for contacting parents/guardians and for providing any medical assistance should it be required. Provision of this information is not required by law. It will be stored securely. If you do not provide all or any of this information then your child may not be able to take part in this excursion.

*---------------------------------------------------Tear off and return to Rachel Kelso-------------------------------------------------------------------*

WYNDHAM COLLEGE - SCHOOL EXCURSION PERMISSION SLIP

I hereby consent to «First\_Name» «Family\_Name» of «Roll\_Class» participating in an excursion to the Australian Indigenous Mentoring Experience (AIME) at the

Parent Signature Date

|  |  |
| --- | --- |
| Medical Information: | My child has the following medical condition or allergies: |
| ........................................................................................................................................................... |
| and is taking the following medication:………………………………………………………………………………………………. |
| Medical Assistance: | I understand that the teacher in charge of the excursion will seek medical assistance for my child should he/she deem this necessary. |
| Excursion Conditions: | I understand that attendance on this excursion depends on:1. Exemplary behaviour whilst on the excursion.2. Full school uniform being worn on the day of the excursion. |

Phone No. and name of parent, day of excursion: Phone: