



**EAST HILLS BOYS HIGH SCHOOL**

Lucas Road Panania N.S.W. 2213  
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Dear Parent/Caregiver

An excursion has been organised for your son/ward to attend Art Express at the Art Gallery of NSW.

Year 11 and 12 Art students will be travelling to the Art Gallery of NSW to take part in a tour of the Artexpress Exhibition. Students will walk from school to Panania Station straight after roll call. Students will be travelling via train, with a departure time of 9:15am. The students will undertake a self-guided tour of the gallery permanent collection 10.30-11.15am. From 11:15am – 12.15pm we will break to have lunch. From 12.15pm - 1:30pm we will then all view the Art Express exhibition. We will then depart at approx. 2.00pm returning via train and should be back at school approximately 2:45pm where we will then mark a roll and dismiss students.

This excursion has been planned to support the study of Art Criticism and History as well as the development of the Body of Work.

Date:	21.02.25
Times:	9:00am – 2:45pm
Venue:	Art Gallery of NSW
Cost:	Train Fare
Travel	Train
Staff member/s with emergency care training	SEN/MURPHY/SUTESKI
Students will need to bring	Bags and lunch
Food	Can be bought at the venue
Clothing	Full School Uniform

Excursion Coordinator

Head Teacher

Principal

**Please sign, detach and return note and payment to the office by 14.02.25**

**Please check the EHBHS Facebook page if you think the excursion could be cancelled.**

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I consent to my son/ward ..... of Year..... participating in an excursion to Art Gallery of NSW on 21.02.25. The excursion coordinator is S Sen.

I give permission for my son/ward to receive medical treatment in case of emergency: Yes / No

I give permission for photographs of my son/ward taken on the excursion, to be used in school publications. Yes / No

I permit my child to be released from supervision at the completion of the day's activities and to make their way home unsupervised, (including disembarking the train prior to reaching school): Yes / No

My son/ward has the following medical condition/allergies.....

Medicare No.....

Parent/caregiver's signature: ..... Date: ..... Contact phone number: .....

NOTE: No refund will be given if your child is unable to attend on the day.  
**Please return to the front office ASAP**