



EAST HILLS BOYS HIGH SCHOOL

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Dear Parent/Caregiver,

An excursion has been organised for your child/ward to attend a Society and Culture excursion at Nan Tien Temple as part of their course. This will provide students with a unique opportunity to experience Buddhism as part of their HSC topic, Belief Systems and Ideologies.

Date:	Friday April 10 th 2025
Times:	9. 00 a.m. – 3.00 p.m
Venue:	Nan Tien Temple, 180 Berkeley Rd, Berkeley NSW 2506.
Cost:	\$32
Travel (Bus/train/make their own way/car)	Students will meet at EHBHS at 9. 00 a.m. to mark their names off, and travel to and from Nan Tien Temple and EHBHS by school bus with their teachers.
Staff with emergency care training	Falahola Manu and Rosemary Sarkis.
Students will need to bring	Morning Tea and Water (money to buy from the venue or food and water from home), sunscreen, wet weather gear if appropriate and writing equipment.
Clothing	Full School Uniform

Excursion Coordinator

Head Teacher

Principal

Please sign, detach and return note and payment to the office by April 2nd, 2025. Please check the EHBHS Facebook page if you think the excursion could be cancelled.



I consent to my child/ward of Year 12 participating in an excursion to Nan Tien Temple on April 10th, 2025. The excursion coordinator is Ms Falahola Manu.

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

I give permission for photographs of my child/ward taken on the excursion, to be used in promotion of the school or in the school newsletter. Yes / No

I understand my son must be in full school uniform or he will not be able to attend Yes / No

I understand travel to and from the excursion will be by school bus and driven by their teachers Yes / No

I understand that unforeseen circumstances may require a date change ie weather, and I will inform the school if my son/ward is unable to attend on the new date. Yes / No

Please provide your son/ward's Medicare Number

My child/ward has the following medical condition.....

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