EAST HILLS BOYS HIGH SCHOOL



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5/5/22

Dear Parent/Caregiver

An excursion for Investigating Science has been organised for your child/ward to attend the Royal National Park where they will complete a one-way walk down the Honeymoon Track and a woodland investigation. They will also complete some freshwater investigations at the end of the track from Allambie Flat (on the Hacking River) – including dipnetting for macroinvertebrates and assessing water quality.

Date:	23/6/22		
Times:	8:30am – 2:45pm		
Venue:	Royal National Park – Honeymoon Track and Allambie Flat		
Cost:	\$20		
Travel (Bus/train/make their own way/car)	By School Bus		
Staff member/s with emergency care training	M Christenson, M Fawcett		
Students will need to bring	Mosquito Repellent, sunscreen		
Food	Bring their own food and drink		
Clothing	Fully closed shoes, long pants, top with sleeves, hat		
Excursion Coordinator	Head Teacher	Prin	cipal
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Please sign, detach and return note and payment t	to the office by Wednesday	16th June	
Money will not be taken without the permission no	ata I ata navmant and nar	mission notes will not	ha accented
without without the permission in	ote. Late payment and per	mission notes win not	be accepted.
Please check the EHBH Facebook page if you thin	k the excursion could be c	ancelled	
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I consent to my child/ward		of Year 11 participating	in an excursion to the
Royal National Park on 23^{rd} June. The excursion coordinator is N	1 Christenson.		
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 e	excursion, to be used in promotion	of the school or in the scho	ol newsletter. Yes / No
My child/ward has the following medical condition/allergies			
Medicare No			
I permit my child to be released from supervision at the completion	on of the day's activities and to ma	ake their way home unsuper	vised, (including
disembarking the train prior to reaching school): N/A Yes	/ No		
arent/caregiver's signature:	Date:	Contact phone num	
PAYMENT METHOD			ber:
1 / TIME IT INC IT IOD			ber:
Payment of PAID BY INSTALLMENTS \$:	CASH	CHEQUE	ber: ONLINE PAYMEN

Due By:

☐ PAID IN FULL