Dear Parents/Caregivers

Students participate in excursions to support and enhance classroom studies and school programs. Your child is invited to attend an excursion being planned to supplement the work being studied in one of these programs. The principal has approved this excursion. Your child has been selected to participate in a public performance in celebration of Education Week. The performance will commence at 9am at the Castle Hill Towers. Further details of the excursion are listed below.

<table>
<thead>
<tr>
<th>Class/Year/Group involved</th>
<th>Year 7 Dance, Stage band, Concert band and Vocal Ensemble</th>
<th>Date: 1/8/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where to</td>
<td>Castle Hill Towers</td>
<td></td>
</tr>
<tr>
<td>Depart from:</td>
<td>Rouse Hill High School</td>
<td>Return to: Rouse Hill high School</td>
</tr>
<tr>
<td>Departure time:</td>
<td>8am</td>
<td>Return time: 10.40am</td>
</tr>
<tr>
<td>Transport arrangements</td>
<td>Bus</td>
<td></td>
</tr>
<tr>
<td>Teachers attending</td>
<td>Medcalf, Hicks, Mitchell</td>
<td></td>
</tr>
</tbody>
</table>

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Teacher in charge of excursion ___________ Head Teacher ___________ Principal ___________

GENERAL INFORMATION
1. Students involved in the dance need to be dressed in their costume before boarding the bus. All other students are required to wear full school uniform (not sports uniform).
2. Unless otherwise indicated students will leave from and return to the school.
3. Self discipline and high standards of behaviour are expected.
4. Please return the following permission note and payment to the Administration Office.

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EXCURSION CONSENT FORM

EDUCATION WEEK PERFORMANCE AT CASTLE HILL TOWERS

I hereby consent to ____________________________ Class: __________________ participating in the excursion outlined below.

Where: Castle Hill Towers
Date: 1st August 2012, 8am to 10.40am
Travel arrangements: Students are to meet in the school music rooms at 7.50am to board a bus at 8am.

Contact name of parent/guardian: ___________________________ Contact phone number: ___________________________

My child has special need e.g. allergies, medication. Details of special needs: ___________________________

Signature of parent/guardian ___________ Date ___________

TO BE RETURNED TO THE ADMINISTRATION OFFICE