DATE: Friday 12\textsuperscript{th} December 2014

Years 9 and 10, Wet ‘n’ Wild, end of year activity excursion

**EXCURSION PERMISSION LETTER**

Dear Parent / Guardian,

The following excursion has been organised for the purpose of rewarding students for working well throughout the year and providing them with the opportunity to bond as year groups.

**EXCURSION:** Wet ‘n’ Wild Year 9 & 10 End of year excursion

**DESTINATION/VENUE:** Wet ‘n’ Wild, 127 reservoir Rd, Prospect, 2148

**DATE:** Friday 12\textsuperscript{th} December  
**TIMES:** 8:00am-3:30pm

**MEETING POINT:** In the gym at school  
**TIME:** 8:00am

**DISMISSAL POINT:**  
- * Bondi Junction  
- * School  

**TIME:** 3:30 (we will endeavor to return to school in time for students to catch school buses home). There will be a drop off at Bondi Junction on the way back to school.

*Please indicate where you would like your child to be dismissed from.

**TRANSPORTATION TO VENUE:** chartered bus

**TRANSPORTATION FROM VENUE TO SCHOOL:** chartered bus

**COST:** $60  
**PAID TO FINANCE OFFICE BEFORE:** Friday 28\textsuperscript{th} of November

**WHAT TO BRING:** Swimmers, Towel, Sunscreen, Hat, Sunglasses, Lunch, Recess, Drink (food also available at the venue)

Please complete the Permission Slip on the next page and return to school by the required date.
**EXCURSION**: Year 9 & 10 End of year activity: Wet ‘n’ Wild excursion

**DESTINATION/VENUE**: Wet ‘n’ Wild

**DATE**: Friday 12th December  
**TIMES**: 8am-3:30pm

**MEETING POINT**: The gym at school  
**TIME**: 8:00am

**DISMISSAL POINT**: School  
**TIME**: 3:30pm

**TRANSPORTATION TO VENUE**: chartered bus

**TRANSPORTATION FROM VENUE TO SCHOOL**: chartered bus

**COST**: $60  
**PAID TO FINANCE OFFICE BEFORE**: Friday the 28th November

**WHAT TO BRING**: Swimmers, Towel, Sunscreen, Hat, Sunglasses, Lunch, Recess, Drink

**ADDITIONAL INFORMATION:**
- Any allergies or Medical conditions: ____________________________________________________
- Detail alternative travel arrangements: __________________________________________________
- Dietary requirements: _______________________________________________________________
- I would be comfortable classifying my son/ daughter at the following swimming level:
  - *Non-swimmer*  
  - *Basic*  
  - *Competent*

**AUTHORITY TO PUBLISH** (please tick)
- I give permission for my child’s work/image to be used in RBSC’s education materials and website.  
- I give permission for my child’s first name to be used in RBSC’s education materials and website.

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I GIVE PERMISSION FOR MY CHILD ___________________________________________ TO ATTEND THE EXCURSION DETAILED ABOVE.

________________________________________  __________________________________ _______
Parent’s name  
Signature

Date: ____________________  
__________________________
Contact  Phone number