

# Deniliquin High School



Harfleur Street  
PO Box 517  
Deniliquin 2710

Relieving Principal – Mr Peter Astill

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Dear Parents/Carers,

Planning for the Year 10 excursion to Sydney is well underway and in order to finalise plans and costs it is important we get a clear idea of how many students would like to join us for the trip.

**Dates:** Monday 9<sup>th</sup> December to Friday 13<sup>th</sup> December.  
**Cost:** \$550

So far we have a heap of fantastic activities planned:

- **Monday:** Travel by bus from Deniliquin to Wagga Wagga, then by train to Sydney. Accommodation at the YHA Circular Quay.
- **Tuesday:** Guided tour of the Opera House and a surfing lesson at Bondi Beach. If we're lucky we'll get to meet the Bondi Rescue guys while we are there!
- **Wednesday:** Ferry ride to Taronga Zoo and a visit to Madam Tussauds Wax Museum.
- **Thursday:** Luna Park for an action packed day of roller coasters and fun park games.
- **Friday:** Travelling back to Deniliquin via Train and Bus – eta approximately 6pm.

We are also looking at including a banquet at a Chinese Restaurant in China town, a two course meal at City Extra, a restaurant at Circular Quay with spectacular harbour views, an early morning trip to Martin Place, the Channel 7 studio to see the filming of Sunrise, a walk across the Sydney Harbour Bridge and as many other things as we can fit in.

Students will need to bring lunch and snacks for the first day and some money for lunches and two dinners. They may bring extra money for snacks throughout the week.

Students intending to participate in this excursion are required to return the permission and medical notes attached and pay an initial **non-refundable deposit of \$50** by Friday 9<sup>th</sup> August to hold their place (this payment is included in the schedule below).

The balance owing will need to be paid to the front office by **Friday 15<sup>th</sup> November**. This money can be paid in one payment or by instalments. The schedule for payments are listed below:

Payment 1 (deposit)	\$50	Friday 9 <sup>th</sup> August
Payment 2	\$100	Friday 23 <sup>rd</sup> August
Payment 3	\$100	Friday 6 <sup>th</sup> September
Payment 4	\$100	Friday 20 <sup>th</sup> September
Payment 5	\$100	Friday 25 <sup>th</sup> October
Payment 6	\$100	Friday 15 <sup>th</sup> November

If you are suffering financial hardship, please do not hesitate to contact the Principal or Financial Officer Lisa Wishart to discuss alternate arrangements.

We hope you are as excited for this excursion as we are!

Regards,

Jessica Burton  
Year Adviser/Excursion Co-ordinator

Peter Astill  
Relieving Principal

# MEDICAL INFORMATION FORM

**Student Name** – \_\_\_\_\_

**Parent/Caregiver details –**

Name – \_\_\_\_\_

Address – \_\_\_\_\_

Home Phone No – \_\_\_\_\_

Work Phone No – \_\_\_\_\_

Mobile – \_\_\_\_\_

**Doctor Contact Details-**

Name – \_\_\_\_\_

Address- \_\_\_\_\_

Phone No – \_\_\_\_\_

Medicare No - \_\_\_\_\_

Private Health Fund No : \_\_\_\_\_

**Emergency contact details** (nominated by the parent or caregiver as alternate contact)

Name – \_\_\_\_\_

Phone – \_\_\_\_\_

To the best of my knowledge, he/she has no medical condition, physical disability or injury which puts him/her at risk in participation in the sport. I have however listed below any special medical conditions or illnesses affecting my child. I have also noted any special treatment that my child may need for such conditions.

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Please outline any special dietary requirements including possible reactions to inappropriate diet.

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Please outline any medications to be administered during the excursion including name of medication, instructions for administration, time of administration and possible reactions.

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Every attempt will be made to contact parents in an emergency. If this is not possible I further consent to medical attention being given to my child should the need arise and further indemnify the school and its servants from any expenses or costs which may be incurred as a consequence of any unforeseen circumstance that may arise on the excursion.

Signed: \_\_\_\_\_

Parent/Guardian

Date : \_\_\_\_\_