15 February 2013

Dear Parent/Carer,

On **Wednesday 20 March 2013**, Year 10 Food Technology students will be attending a field study to Ultimo TAFE, Harris Street, Ultimo, accompanied by Ms Harper. The students will be involved in a one-hour tour of the TAFE’s Hospitality facilities, then enjoy a 3-course meal including soft drinks at the ‘Apprentice’ Restaurant.

This excursion relates to the Food Service and Catering focus area of their syllabus program.

Students are to attend normal roll call, have their name marked off then assemble at the TAS steps by 9:00 am. The students will then travel by train to Central Station, and walk to Ultimo TAFE. At the end of the day (approx. 2:15 pm), students will either be dismissed at Ultimo TAFE or returned to Burwood Station/school by 3:00 pm (please indicate preference on permission slip below).

Full school uniform is to be worn.

The cost per student is $18.00. Students will need to bring money on the day to purchase train ticket.

Full payment of $18.00 is due to the front office by 2:00 pm Tuesday 12 March 2013.

Please return the permission slip below to the TAS Faculty by Tuesday 12 March 2013.

Yours faithfully

L. Harper
Food Technology
Excursion Coordinator

R. Patonay
Head Teacher TAS

Please return permission slip to the TAS Faculty and payment to the front office by 2:00 pm Tuesday 12 March 2013. Please bring **CORRECT MONEY** when paying.

I give permission for ________________________________ of Year 10 Food Technology to attend the field study to Ultimo TAFE and Apprentice Restaurant accompanied by **Ms Harper** on **Wednesday 20 March 2013** at a cost of $18.00 (plus money on the day for train fare) involving travel by train.

**Please tick the relevant box:**

☐ I give permission for my daughter to be dismissed from Ultimo TAFE at the conclusion of the field study, approx. 2:15 pm.

☐ My daughter will be returning to Burwood Station/school where she will be dismissed at approximately 3:00 pm.

Student’s mobile phone number: ____________________________

Medical/dietary concerns (if any): __________________________________________________________

Signed (parent/carer): ____________________________ Date: __________________________

Parent/carer daytime contact no.: ____________________________ Mob. No.: ____________________________