8 February 2013

Dear Parent/Carer,

Year 11 Ancient History students will be attending a field study to Macquarie University Museum of Ancient Cultures. This will provide them with insights into methods of Archaeology in their Preliminary Course.

DATE: Monday 4 March 2013. Students are to meet at the English Steps (front car park) for roll call at 8:45 am.

COST: Cost of the museum experience is $19.00, to be paid to the front office by Thursday 28 February. Bring money on the day for train fare.

TRAVEL: By train from Burwood Station to Macquarie University Station. At the end of the field study students may make their own way home, otherwise they can accompany their teachers who will be returning to school at the end of the session around 2:30 pm.

UNIFORM: Students are required to wear correct school uniform.

LUNCH: Available from various food outlets at the University Student Union at the conclusion of the visit to the museum (after 1:30 pm).

BRING: A pen and note pad are required, and a camera would be useful for a photographic record. Students must bring money for train fare, and lunch, or money to buy lunch. Students should also bring snack for short recess while at the museum.

Please return the permission slip below to the History Faculty and payment to the front office by 2:00 pm, Thursday 28 February 2013. Please bring correct money when paying.

Yours sincerely,

J. Konstan (organising teacher)  T. Ying (Head Teacher History)

Please return the permission slip below to the History Faculty and payment to the front office by 2:00 pm, Thursday 28 February 2013. Please bring correct money when paying.

I give permission for ____________________________________________ of Year 11 to attend the Macquarie University Museum of Ancient Cultures on Monday 4 March 2013, involving travel by train, at a cost of $19.00 plus train fare. I understand the students will be dismissed at the venue to make their own way home, or may accompany teachers back to the school.

Signed (parent/carer): ______________________________________ Date: __________

Parent’s daytime contact no.: ________________________________

Please list any medical conditions/allergies we need to be aware of in relation to this activity, if any:

____________________________________________________________________