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## WISDOM LIFE FAITH EXCURSION

Dear Parents,

Your son is participating in the WLF excursion to participate in the education program at the Sydney Jewish Museum, Darlinghurst on either 16 August OR 23 August.

Transport will be by bus to and from the venue.

**Departure will be 7:50am sharp on both Wednesday 16 August AND Wednesday 23 August 2017.**

Students will return to school in time for sport or travel home at the regular time.

School uniform with blazer is to be worn for the event

The cost of excursion is \$26 which will be added to your son's account.

Please complete this permission form and return to your WLF teacher by 10 August.

If you have any questions, please email me [clarkeh@knox.nsw.edu.au](mailto:clarkeh@knox.nsw.edu.au)

Students are to bring their own lunch and drinks on the day they attend the excursion.

Please contact your son's WLF teacher should there be any questions regarding this excursion.

Kind regards,

**Mrs Helen Clarke,**

0404839762

**Please return this form to your WLF Teacher by 10 August**

**Permission to participate in the WLF excursion** to the Sydney Jewish Museum, Darlinghurst on either 16 August OR 23 August, 2017.

Transport will be by bus to and from the event

Departure **7:50am sharp Wednesday 16 August OR Wednesday 23 August** as we must be **promptly at the venue for the start of the Museum program at 9:45am.**

**Cost** - \$26 which will be added to your son’s school account.

Boys are to wear their winter uniform including their blazer to this event.

I give permission for my son

**GIVEN NAME**

**SURNAME**

**YEAR GROUP**

to attend THE WLF Jewish Museum excursion on 16 Wednesday or 23 August.

Does your son have any allergies/ health issues we should be aware of for this excursion? YES/ NO (please select)

If, yes please list here;

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.....  
.....  
.....

**SIGNATURE**

**PARENT NAME**

**DATE**

**PARENT MOBILE CONTACT**

.....

**YOUR SON’S MOBILE NUMBER**

.....

**Helen Clarke**

**0404839762**