

CALLAGHAN COLLEGE WARATAH TECHNOLOGY CAMPUS ◆ Turton Road, Waratah 2298 ◆ PO Box 155, Waratah 2298

♦ Phone: 02 4968 1939 ♦ Fax: 02 4968 4401 Email: waratah-h.school@det.nsw.edu.au www.waratah-h.schools.nsw.edu.au



RESPECT RESPONSIBILITY EXCELLENCE

PERMISSION NOTE

Dear Parent or Guardian,

Callaghan College Waratah Technology Campus is hosting the above named excursion for the learning refit of your child. Your child is expected to maintain the hehavioural and academic expectation

Waratah Technology Campus throfollows.	•		· ·
DateLocation			
 Cost _NIL This payment 	t is to be made to the front	office by NA	
	from		
 We are travelling by 	ort to venue- re	tur to school priva	ite car- Mrs Blight
Students			
 Supervising teachers/staf Allison 	f are:		
Further Details:			
owner. Professionsl driv	er Aaron Russel will driv	e kart- while stude	e supervsion of Wayne Russel ents video from a variety of angles. video each other driving around
We look forward to your child par	ticipating in this event,		
Dana Fuller	A	Allison Blight	
Principal	Excur	rsion Coordinator	
Please complete the following de	tails and return to Mrs Bl	ight by	8th November 2016
	ATE PAYMENTS OR NOTES		
4			4
I hereby consent to			
excursion to Special needs of my child which y details):	ou should be aware – (eg ill	Iness, allergies, med	
Signed:	Date:		