Gymea Technology High School
INSPIRE. LEARN. SUCCEED.

Brainstorm: Cyberia

Variation INFORMATION

Please complete and return the attached consent form to the administration office by the Monday 10 February.

Dear parent/guardian,

- Years 7 & 8 will be going on an excursion to School Hall on Monday 24 February 2020 to watch the Brainstorm theatre production, Cyberia.

- This excursion has been planned to support and foster the wellbeing of students.This is a play whereby students explore the potential impact of technology on their emotional wellbeing, including cyber bullying, isolation, lack of privacy and excessive screen time.

- The cost of the excursion is $7.00 per student which is to be paid to the administration office by Monday 10 February.

- Years 7 & 8 will be directed to the school hall towards the end of period 1. Students are to bring their equipment for all timetabled lessons, except for period 2, on the day.

- Accompanying staff are: timetabled teachers of Years 7 & 8

- School Uniform is to be worn to this excursion.

- The contact number during the excursion is 9521 3244.

Mrs A.Kay
Deputy Principal

Permission Note for Brainstorm: Cyberia on Monday 24 February 2020

Please complete and return this consent form to the administration office by the Monday 10 February.

CONSENT

I hereby consent to ..... in Year ..... participation in an excursion to School Hall on Monday 24 February 2020.

SPECIAL NEEDS

Special needs of my child which you should be aware (eg. allergies, medication - please provide full details)

MEDICAL

I give permission for my child to receive medical treatment in case of emergency. YES / NO (please circle)

Signature of Parent/Guardian _____ Name of Parent/Guardian _____ Date _____

Privacy Advice

The information provided on this consent form by the parent or caregiver is being obtained for the purpose of conducting a school excursion detailed above. It will be used by the NSW Department of Education for seeking consent for the child to undertake activities within this excursion activity. Provision of this information is required by law / voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the school on 9521 3244

PAYMENT

Payment for Brainstorm: Cyberia. Student Name: _____

☐ I have made a payment online of $7.00 for this excursion.

For online payments please go to the school's website at http://web1.gymea-h.schools.nsw.edu.au

You will need to indicate your child's first name, last name, date of birth and the Ref. or Invoice Number.

Ref. or Invoice Number: **Cyberia** Amount: $**7.00**

☐ Please debit my credit /debit card for $7.00 for this excursion.

Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date: _____ / _____ CSV Code on back of card: ☐☐☐

Name on Card: _____ Your Signature: _____

☐ I have made a payment at the school office of $7.00 for this excursion.