22 February 2016

Dear Parent/Guardian,

RE: EXCURSION TO THE SHRINE OF REMEMBRANCE 12 APRIL 2016

As a part of the Year 12 Literacy Program, students will be visiting the Shrine of Remembrance, Birdwood Avenue, Melbourne. In Literacy the students have been looking at Australia’s involvement at war, the Vietnam War and the ANZAC spirit.

Whilst at the Shrine students will be given a guided tour, gaining a greater understanding of the major conflicts and peacekeeping efforts during Victoria’s history. They will view images and objects from Pre-Federation up until more recent conflicts. They will learn about the symbolism of the Shrine and pay homage to the men and women who have served our country.

**DATE:** Tuesday 12 April 2016  
**DEPARTING:** 11:00am St Bede’s College  
**RETURNING:** 3:15pm Mentone Station

Students will travel to and from the city by train with their teacher. They are expected to wear full school uniform, including blazer. They can bring their own lunch or money to purchase food. Students will be dismissed at 3:15pm from Mentone Station.

Please complete the attached Permission Form consenting to your son participating in this activity. If you have any questions regarding this or any other matter please do not hesitate to contact me on 9582 5837 or email glw@stbedes.catholic.edu.au.

Yours sincerely

Gabriella Warfe  
Applied Learning Co-ordinator
PERMISSION FORM

RE: SHRINE OF REMEMBRANCE EXCURSION Tuesday 12 April 2016

RSVP: Please return this Permission Form to the
Applied Learning Coordinator by Tuesday 15 March 2016

I give permission for my son ________________________________ of _____  •  _____
to attend the Shrine of Remembrance Excursion, departing from St Bede’s College on Tuesday
12 April 2016 at 11:00am and returning to Mentone Station at 3:15pm. Students will be
travelling by train and will need to wear full school uniform, including blazer.

Should my son become ill or suffer an accident during the course of this activity and the
teacher in charge is unable to contact me, I authorise the teacher to consent to my son
receiving such medical or surgical treatment as a doctor may deem necessary. I will meet the
expense attached to any such medical assistance.

Please state any pre-existing medical condition & medication: ____________________________
________________________________________

Name: ______________________________________________________

Parent / Guardian Signature: ________________________________________

Work Phone: ______________________________________________________

Mobile: __________________________________________________________

CONTACT PERSON IF PARENT / GUARDIAN IS UNAVAILABLE

Name: ______________________________________________________

Contact Phone No: _____________________________________________

Date:_____/_____/_____