

Year 10 Holocaust Museum

Excursion INFORMATION

Please complete and return the attached consent form to the administration office by the Friday 5 September.

Dear parent/guardian,

- Year 10 G and Y History classes will be going on an excursion to Sydney Jewish Museum on Friday 19 September 2025.
- This excursion has been planned to supplement the following work being done in the classroom: Year 10 G/Y have been learning about the Holocaust. This excursion will provide an enrichment opportunity to supplement their knowledge and understanding, providing them with first hand experiences and witness accounts of the events during the Holocaust.
- The cost of the excursion is \$21 per student which is to be paid to the administration office by Friday 5th of September.
- Year 10 will depart from GyMEA Technology High School on Friday 19 September at Period 1 and return to GyMEA Technology High School at approximately 3 p.m. Students will be travelling by train to Kings Cross Station and then walk to the museum.
- Students must wear full school uniform and bring their own lunch as there will be no opportunity to purchase food on the day. Due to limited storage space, the museum has asked for students to bring a small tote bag only. No school backpacks are permitted inside the museum.
- Students will be dismissed at GyMEA Train Station however if a student is required to be dismissed from the venue or get off at a different station on the return journey, they must bring a signed permission note and hand it in to their class teacher the morning of the excursion.
- Accompanying staff are: C.Riley, Z.Chidzey, G.Amerikanos.
- The contact number during the excursion is 9521 3244.



M.Shillam
Teacher



N Liley
Deputy Principal

Permission Note for Year 10 Holocaust Museum on Friday 19 September 2025

Please complete and return this consent form to the administration office by the Friday 5 September.

CONSENT

I hereby consent to in Year participation in an excursion to Sydney Jewish Museum on Friday 19 September 2025.

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 Year 10 Holocaust Museum . Student Name: _____

I have made a payment online of \$21 for this excursion.

For online payments please go to the school's website at <https://gymeaths.nsw.edu.au> to pay through schoolbytes.
Choose Payments and then choose the selected excursion from other items.

Jewish Museum Amount: **\$21**

I have made a payment at the school office of \$21 for this excursion. (Payment made by cash or card)