30th March, 2015

Dear Parent/Guardian,

Year 8 Geography Excursion

Date: Friday, 24th April, 2015
Venue: Cape Byron, Wategos Beach & Clarkes Beach
Transport: Bus
Depart: Leave College 9.00am
Return: Return to College 3.00pm
Uniform: Sports uniform, including hat
Food: Bring own recess, lunch and drinks
Needs: Folder or clipboard, fieldtrip booklet, pencils and eraser
Cost: $29.00 (transport, field officer’s fees)

On Friday, 24th April, 2015 all Year 8 Geography students (8D, 8E, 8F) will be participating in a field study in the Byron Bay area. Fieldwork is an essential part of the study of Geography. It is a means to understanding geographical environments and helps students to develop their geographical skills.

Whilst in Byron Bay, field officers from the Dorrroughby Environmental Education Centre will be working with the students. They will assist the students to examine the biodiversity and ecological features of the site, as well as undertaking key geographical skills such as mapping, aerial photography and compass work.

Students will also be able to examine, first hand, the unique physical features of Byron Bay whilst identifying environmental pressures impacting on the local area.

Itinerary for the day:

9.00am - Homeroom and briefing
9.15am - Bus departs College
9.45am - Arrive at Wategos Beach. Hike to Cape Byron; field sketching and mapping.
11.00am - Morning tea - The Pass
11.20am - Vegetation study, human impacts
1.00pm - Lunch - Clarkes Beach
1.40pm - Coastal processes - environmental assessment
2.40pm - Depart Byron Bay
3.00pm - Arrive at College

Please return permission slip, with payment, to the College Office by Wednesday, 22nd April, 2015.

Yours sincerely,

[Signature]

Mr M. Wills
Leader of Geography
Year 8 Geography Excursion - Byron Bay
Friday, 24th April, 2015

Student's Name: ____________________________  H'room: _______

I give permission for my son/daughter to participate in the Year 8 Geography Excursion to Byron Bay on Friday, 24th April, 2015.

Enclosed:   $29.00

Parent/Guardian Signature: ____________________________  Date: __________

Parent/Guardian Name (please print): __________________________________________

Relevant medical details (if any): _______________________________________________

CREDIT CARD PAYMENT

Card Number ____________________________  Expiry Date ______/_____

Card Name ____________________________  Amount Paying $_________