



**SAPPHIRE COAST  
ANGLICAN COLLEGE**

## First Lego League Games


Dear Parents / Guardians,

Year 9/10 Computing students will be participating in the First Lego League Regional Games which will take part at Cedars Christian College. This includes a robotics challenge, presentation of a recycling project and a group problem solving session. It is a fantastic opportunity to see other teams in action and learn from them. We will also visit the Wollongong Science Centre/Planetarium on Friday afternoon. Please note that Year 10 students will travel directly from Sydney to Wollongong after their school camp.

<b>Purpose of Excursion:</b>	<b>First Lego League Regional Games</b>		
<b>Departure date/time:</b>	<b>Fri 27 Nov, 8.00 am</b>	<b>Return date/time:</b>	<b>Sat 28 Nov, 10 pm</b>
<b>Alternative pick ups:</b>	<b>Snowy Mountains turnoff, Bermagui turnoff</b>		
<b>Alternative drop offs:</b>	<b>Bermagui turnoff, Snowy Mountains turnoff</b>		
<b>Supervising teacher(s):</b>	<b>Ms Slater Mr Thornton</b>	<b>Contact number:</b>	<b>0427 845 287 0427 633 777</b>
<b>Accommodation:</b>	<b>Illawara Christian School</b>		
<b>Transportation:</b>	<b>Private Vehicle(s) and school bus</b>		
<b>Required dress code:</b>	<b>Tidy casual wear</b>		
<b>Equipment required:</b>	<b>Lunch personal clothing and bedding for an overnight stay</b>		
<b>Itinerary attached:</b>	<b>No</b>		
<b>Cost:</b>	<b>Nil</b>		
<b>Optional money needed:</b>	<b>Spending money and entry fee for museum - \$12 – please give to Ms Slater on the day</b>		

Yours faithfully

  
Ms Julie Slater  
Coordinator

  
Mr Andrew Duchesne  
Principal

**Please detach and return this slip to Reception before Thursday 19 November 2015 (Attention: Ms Slater)**  
**Excursion Permission**

I hereby give my permission for my child (please print)..... to attend the First Lego League Games.

I will accept full payment of associated costs and will pay the required amount by the due date. In the event of my child becoming injured or ill during the excursion, I authorise the College to take all necessary steps to ensure they receive appropriate medical attention. I understand that the College will provide and/or seek medical care for my child based on the information I have provided and that it is my responsibility to advise the College in writing of any changes.

Signed .....Parent/Guardian  
11/11/2015

Date.....

*Inspiring Excellence*