



SCHOOL EXCURSION / INCURSION NOTIFICATION

Dear Parent/Caregiver, an excursion/activity has been organised for your child.

Excursion / Incursion	Knockout Boys Touch
Date	Friday 3rd May 2024 (Students will return to school at 11:45am.)
Year / classes involved	11 students from Years 9 - 12 (Boys)
Location	Windsor High School
Purpose	Knockout Boys Touch - Round 3
Start time	8:30am
End time	11:45am
Transport	School mini bus.
Cost	\$8.00 Payable at D Block Office
Dress requirements	Full sport uniform.
Food	Students are to bring their own food and water.
Equipment	Touch football boots.
Organising teacher	Jessie Piper
Teachers attending	Jessie Piper
Additional information	N/A
Emergency Contact Number	0477 717 464
Consent Form and Payment due to Office by	Wednesday 1st May 2024

General Information Concerning Excursions / Incursions

1. Excursions and Incursions form an integral part of the curricula by providing enriching experiences which cannot be provided in the classroom.
2. Students must wear full school uniform unless otherwise instructed above. Students who are not in uniform will not be allowed to attend.
3. A standard of behaviour is expected of all students representing the school in the greater community.
4. Please note the time and place of departure and return, as advised above.



EXCURSION / INCURSION PERMISSION FORM

Please return this permission form with your payment to the Office

Excursion / Incursion	Knockout Boys Touch
Date	Friday 03/05/2024 8:30am - 11:45am (Students will return to school at 11:45am.)
Location	Windsor High School
Cost	\$8.00 Payable at D Block Office
Organising Teacher	Jessie Piper

I give permission for (student name) _____

of year/class _____ to participate in this excursion / incursion.

I have noted the start and end times and dress requirements.

Additional needs of my child of which you should be aware: eg. allergies or medical conditions

Medical Assistance: In the event of any accident or illness, I authorise the teacher in charge to seek medical assistance or treatment for my child at my cost.

Parent signature: _____

Parent name: _____

Parent phone number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

PAYMENT OPTIONS

Parent Online Payment through the school website and click on *Make a Payment*.
Enter excursion / incursion name in the payment description under *Excursions*.

Receipt # _____ *Date paid:* _____

Cash (correct amount please)

Cheque (payable to *Greystanes High School*)

- **Please return this consent form with your payment to the Office**
- **Tear off and keep previous page for your information**