



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Romeo & Juliet
Date	Thursday 9th May 2024
Year / classes involved	10D and 10A
Location	Parramatta Riverside Theatre
Purpose	Attending the performance of Romeo and Juliet at Riverside Theatre holds significant value for our Year 10 students. This experience serves as a crucial component in fostering their development of ideas, confidence, and comprehension of theatrical construction and execution.
Start time	8:30am
End time	2:50pm
Transport	Students will meet the teacher at Pendil Hill station at 8:30am. Together we will catch the train to Parramatta station and walk down Church Street to Riverside Theatre. Students will be dismissed from Pendil Hill Station.
Cost	\$33.00
Dress requirements	Full school uniform
Food	N/A
Equipment	N/A
Organising teacher	Lisa Simiana
Teachers attending	Lisa Simiana
Additional information	N/A
Emergency Contact Number	0434 664 198
Consent Form and Payment due to Office by	Friday 12th April 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	Romeo & Juliet
Date	Thursday 09/05/2024 8:30am - 2:50pm
Location	Parramatta Riverside Theatre
Cost	\$33.00
Organising Teacher	Lisa Simiana

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**