



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Max Potential 2024
Date	Monday 13/05/2024 9:30am - 1:30pm (Intro Workshop at DOOLEYS Regents Park), Friday 28/06/2024 9:30am - 1:30pm (Connect Group 1 at DOOLEYS Regents Park), Friday 16/08/2024 9:30am - 1:30pm (Connect Group 2 - at Greystanes High School), Tuesday 22/10/2024 10:30am - 5:00pm (Celebration at DOOLEYS Regents Park)
Year / classes involved	Four Year 11 students
Location	Dooleys Regents Park
Purpose	Max Potential Leadership Program
Start time	See above for times.
End time	See above for times.
Transport	Parents will need to arrange transport for their child to and from the venue
Cost	No cost
Dress requirements	Full school uniform
Food	Morning tea and lunch will be provided
Equipment	N/A
Organising teacher	Trish Booth
Teachers attending	Trish Booth
Additional information	Please note that there WILL NOT be a Greystanes High School teacher supervising students.
Emergency Contact Number	02 9631 9144
Consent Form and Payment due to Office by	Thursday 4th May 2023

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 to the Office

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Location	Dooleys Regents Park
Cost	No cost
Organising Teacher	Trish Booth

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: _____

Parent/Carer Acknowledgement:

• I can confirm that I understand that, in the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school activities.

• In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child/ward may require. I accept full responsibility for expenses incurred.

Student Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

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

