



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Year 11 Depth Study Excursion
Date	Monday 20th May 2024
Year / classes involved	Year 11 Biology students
Location	Fields of Mars Environmental education centre
Purpose	Students go to Field of Mars Reserve to conduct mandatory research for their HSC depth study
Start time	8:25am
End time	2:50pm
Transport	Chartered coach/bus
Cost	\$55.00 Payable at D Block Office
Dress requirements	Sports uniform with closed shoes, hat and a rain jacket (in case it rains).
Food	Bring your own recess and lunch and plenty of water - there will be no canteen or kitchen facilities.
Equipment	Clipboard, pens, pencils, eraser and a notebook
Organising teacher	Leena Dutt
Teachers attending	Leena Dutt, Ranjani Naiker
Additional information	Year 11 Biology mandatory depth study excursion. Students will meet in the quad when the bell goes for start of school.
Emergency Contact Number	0419 598 146
Consent Form and Payment due to Office by	Friday 10th 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	Year 11 Depth Study Excursion
Date	Monday 20/05/2024 8:25am - 2:50pm
Location	Fields of Mars Environmental education centre
Cost	\$55.00 Payable at D Block Office
Organising Teacher	Leena Dutt

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 with your payment to the Office**
- **Tear off and keep previous page for your information**