



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Rock and Water Program
Date	Friday 12th August 2022, Friday 19th August 2022, Friday 26th August 2022, Friday 2nd September 2022, Friday 9th September 2022, Friday 16th September 2022
Year / classes involved	Selected group of Year 7 students
Location	Greystanes High School - Outdoors
Purpose	Rock and water program is about: * Boundary setting, simple self-defense and communication skills * Awareness of purpose and motivation in life * Intuition, mental strength, emphatic feeling, positive feeling, thinking and visualising.
Start time	12:30pm
End time	1:35pm
Transport	N/A
Cost	No cost
Dress requirements	Full school uniform
Food	N/A
Equipment	N/A
Organising teacher	Lisa Yalda
Teachers attending	Lisa Yalda
Additional information	N/A
Emergency Contact Number	02 9631 9144
Consent Form and Payment due to Office by	N/A

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

Excursion / Incursion	Rock and Water program
Date	Friday 12/08/2022 12:30pm - 1:35pm, Friday 19/08/2022 12:30pm - 1:35pm, Friday 26/08/2022 12:30pm - 1:35pm, Friday 02/09/2022 12:30pm - 1:35pm, Friday 09/09/2022 12:30pm - 1:35pm, Friday 16/09/2022 12:30pm - 1:35pm
Location	Greystanes High School- Outdoors
Cost	No cost
Organising Teacher	Lisa Yalda

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.

I acknowledge that this event / activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and / or if directed to isolate under public health orders.

Parent signature: _____

Parent name: _____

Parent phone number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

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