



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	aMATHzing Race
Date	Friday 8th December 2023
Year / classes involved	Year 8 students
Location	Greystanes High School - Outdoors
Purpose	Yr 8 Maths Day
Start time	10:10am
End time	2:50pm
Transport	N/A
Cost	No cost
Dress requirements	Sports uniform to be worn for the duration of the day.
Food	N/A
Equipment	Calculator, pens and devices with access to Google Classroom. Devices will only be required for the period you are doing Trivia.
Organising teacher	Jessica Chau
Teachers attending	Jessica Chau, Ehsan Hakimzadeh, Subhashni Prasad, Graham Rees, Simrandeep Singh, Nida Yousuf, Carolyn Daoud, Karina Teh, Helen Semaan
Additional information	This event will take place periods 2, 3 and 4. You are expected to bring your period 1 equipment to school.
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	aMATHzing Race
Date	Friday 08/12/2023 10:10am - 2:50pm
Location	Greystanes High School - Outdoors
Cost	No cost
Organising Teacher	Jessica Chau

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**