



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Year 7 Camp 2024
Date	Monday 6th May 2024 - Wednesday 8th May 2024
Year / classes involved	Year 7 Students and selected Peer Support Leaders
Location	Camp Collaroy
Purpose	Year 7 students attend Camp at Camp Collaroy from 6th of May to 8th of May
Start time	8:00am
End time	2:45pm
Transport	Chartered bus to and from the camp from school.
Cost	\$380.00 Payable at D Block Office
Dress requirements	Comfortable casual clothing, enclosed shoes. Packing list to be provided closer to event date.
Food	All food will be supplied. Please indicate dietary requirements on the student information note.
Equipment	N/A
Organising teacher	Ashleigh Youhanna
Teachers attending	Ashleigh Youhanna, David Dolz, Tania Kriz
Additional information	N/A
Emergency Contact Number	0419 598 146
Consent Form and Payment due to Office by	Monday 11th March 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 7 Camp 2024
Date	Monday 06/05/2024 8:00am - Wednesday 08/05/2024 2:45pm
Location	Camp Collaroy
Cost	\$380.00 Payable at D Block Office
Organising Teacher	Ashleigh Youhanna

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**