

SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Managing Our Emotions
Date	Monday 27th November 2023, Tuesday 28th November 2023
Year / classes involved	Selected group of Year 7 students
Location	Greystanes High School - INDOORS
Purpose	Managing our emotions is a strength-based emotional regulation workshop. It is a solution focused workshop that is hands on, practical and also fun for students. It is 2 session program that introduces the topics of reflecting on our emotions, recognising our emotions and what triggers them and identifying the different faces of our emotions.
Start time	8:25am
End time	9:50am
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	Friday 24th November 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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Cost	No cost	
Organising Teacher	Lisa Yalda	
	me)articipate in this excursion / incursion.	
Additional needs of my child of w Medical Assistance: In the ever	thich you should be aware: eg. allergies or medical conditions ant of any accident or illness, I authorise the teacher in charge to seek medical	
assistance or treatment for my ch		
Parent signature:		
Parent name:		
Parent phone number:		
Emergency Contact Name:		
Emergency Contact Number: _		
Parent/Carer Acknowledgemen	nt:	
• 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 my require. I accept full responsibility for expenses incurred.		
Student Name:		
Parent Name:		
Parent Signature:		

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