



## SCHOOL EXCURSION / INCURSION NOTIFICATION

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

<b>Excursion / Incursion</b>	Manly Beach Surf Excursion
<b>Date</b>	Monday 4th December 2023
<b>Year / classes involved</b>	Students of various year groups.
<b>Location</b>	Manly Beach Surf School
<b>Purpose</b>	Surf lessons at Manly Beach
<b>Start time</b>	8:30am
<b>End time</b>	2:00pm
<b>Transport</b>	Travel by bus to and from venue.
<b>Cost</b>	No cost
<b>Dress requirements</b>	Wear appropriate beach and swimwear. Spare clothes and own individual towels to be brought. Students are to bring a HAT, SUNSCREEN and UMBRELLA.
<b>Food</b>	Students may bring own or buy from local shops.
<b>Equipment</b>	N/A
<b>Organising teacher</b>	Maryam Chami
<b>Teachers attending</b>	Maryam Chami, Ehsan Hakimzadeh, Ryan Warner, Miranda Norman
<b>Additional information</b>	N/A
<b>Emergency Contact Number</b>	0419 598 146
<b>Consent Form and Payment due to Office by</b>	Friday 1st December 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

<b>Excursion / Incursion</b>	Manly Beach Surf Excursion
<b>Date</b>	Monday 04/12/2023 8:30am - 2:00pm
<b>Location</b>	Manly Beach Surf School
<b>Cost</b>	No cost
<b>Organising Teacher</b>	Maryam Chami

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**