



## SCHOOL EXCURSION / INCURSION NOTIFICATION

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

<b>Excursion / Incursion</b>	WSU Pathways to Dreaming Year 7 & 8 Campus Experience Day
<b>Date</b>	Wednesday 14th June 2023
<b>Year / classes involved</b>	Year 7 & 8 Aboriginal students
<b>Location</b>	Western Sydney University Kingswood Campus
<b>Purpose</b>	Students will participate in on campus activities which cover identity, kinship and cultural art.
<b>Start time</b>	8:30am
<b>End time</b>	2:30pm
<b>Transport</b>	WSU will provide a bus
<b>Cost</b>	No cost
<b>Dress requirements</b>	Sports uniform
<b>Food</b>	A small subway sandwich will be provided but students are encouraged to bring snacks. They will also need to bring a refillable drink bottle.
<b>Equipment</b>	N/A
<b>Organising teacher</b>	Sally Drakos
<b>Teachers attending</b>	Sally Drakos
<b>Additional information</b>	N/A
<b>Emergency Contact Number</b>	0434 568 686
<b>Consent Form and Payment due to Office by</b>	Thursday 8th June 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>	WSU Pathways to Dreaming Year 7 & 8 Campus Experience Day
<b>Date</b>	Wednesday 14/06/2023 8:30am - 2:30pm
<b>Location</b>	Western Sydney University Kingswood Campus
<b>Cost</b>	No cost
<b>Organising Teacher</b>	Sally Drakos

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**