



## SCHOOL EXCURSION / INCURSION NOTIFICATION

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

<b>Excursion / Incursion</b>	Besties and buddies
<b>Date</b>	Friday 5th April 2024
<b>Year / classes involved</b>	All Year 7 Students
<b>Location</b>	LER Room
<b>Purpose</b>	This program gives year 7 students the knowledge and skills to develop and maintain friendships, practice appropriate social skills and make good decisions. The program includes engaging set of materials to facilitate social and emotional learning and develop self-awareness and self-management tools and social awareness and social management for self and when around/with peers.
<b>Start time</b>	8:25am
<b>End time</b>	2:50pm
<b>Transport</b>	N/A
<b>Cost</b>	No cost
<b>Dress requirements</b>	Full School Uniform
<b>Food</b>	N/A
<b>Equipment</b>	N/A
<b>Organising teacher</b>	Lisa Yalda
<b>Teachers attending</b>	Lisa Yalda
<b>Additional information</b>	N/A
<b>Emergency Contact Number</b>	02 9631 9144
<b>Consent Form and Payment due to Office by</b>	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	Besties and buddies
Date	Friday 05/04/2024 8:25am - 2:50pm
Location	LER Room
Cost	No cost
Organising Teacher	Lisa Yalda

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:** \_\_\_\_\_

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