



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Year 12 Physics Build Day
Date	Monday 8th April 2024
Year / classes involved	Year 12 Physics Students
Location	Greystanes High School - INDOORS
Purpose	Year 12 Physics students will be out of class for all periods and working the C-block workshops to continue to build their DC motor as part of their Depth Study.
Start time	8:25am
End time	3:50pm
Transport	N/A
Cost	No cost
Dress requirements	Students are to wear full school uniform.
Food	Students are required to bring their own food.
Equipment	Students are to bring any and all required materials for the construction of their DC Motor.
Organising teacher	Hayden Newell
Teachers attending	Hayden Newell
Additional information	N/A
Emergency Contact Number	02 9631 9144
Consent Form and Payment due to Office by	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	Year 12 Physics Build Day
Date	Monday 08/04/2024 8:25am - 3:50pm
Location	Greystanes High School - INDOORS
Cost	No cost
Organising Teacher	Hayden Newell

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**