

SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Secondary Schools Student Leadership - Parliament of NSW
Date	Thursday 16th May 2024
Year / classes involved	School Captains
Location	NSW Parliament House
Purpose	This civics and citizenship program offers Year 12 student leaders the opportunity to develop their knowledge of our system of government and parliamentary proceedings, learn about the role of the Governor and meet their Member of Parliament.
Start time	9:00am
End time	3:00pm
Transport	Parents are responsible for organising transport for their child to and from this event.
Cost	No cost
Dress requirements	Full school uniform and School Captain blazer.
Food	Light refreshments will be provided and students are advised to be bring their own snacks.
Equipment	N/A
Organising teacher	Sujita Gurung
Teachers attending	Sujita Gurung
Additional information	There will be no teacher supervision for this excursion.
Emergency Contact Number	02 9631 9144
Consent Form and Payment due to Office by	Tuesday 14th May 2024

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	Secondary Schools Student Leadership - Parliament of NSW
Date	Thursday 16/05/2024 9:00am - 3:00pm
Location	NSW Parliament House
Cost	No cost
Organising Teacher	Sujita Gurung

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 my 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