



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Under 15's Knockout Netball Game
Date	Tuesday 30 July 2024
Year / classes involved	Under 15s Knockout Netball Team
Location	Bathurst St Netball Courts
Purpose	Under 15's Knockout Netball Game
Start time	1:30pm
End time	3:15pm
Transport	Walking to and from venue.
Cost	\$8.00 Payable at D Block Office
Dress requirements	Netball dresses to be provided on the day. Students must bring their own bike shorts to wear underneath dress, netball shoes and water.
Food	N/A
Equipment	N/A
Organising teacher	Taylah Cooke
Teachers attending	Taylah Cooke
Additional information	N/A
Emergency Contact Number	0477 717 464
Consent Form and Payment due to Office by	Monday 29 July 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	Under 15's Knockout Netball Game
Date	Tuesday 30/07/2024 1:30pm - 3:15pm
Location	Bathurst St Netball Courts
Cost	\$8.00 Payable at D Block Office
Organising Teacher	Taylah Cooke

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**