



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

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| Excursion / Incursion | Western Sydney Rugby League City Cup - Finals Day |
| Date | Tuesday 30 July 2024 |
| Year / classes involved | Year 9 &10 |
| Location | Kirkham Park |
| Purpose | Rugby League Gala Day |
| Start time | 8:30am |
| End time | 3:00pm |
| Transport | Student take mini bus from Greystanes High School (limited space available) OR Parents to organise transport to and from Kirkham Park. |
| Cost | \$8.00 Payable at D Block Office if catching the mini bus |
| Dress requirements | GHS Sports uniform, Rugby league shorts, boots, mouth-guard. Jerseys will be provided on the day. |
| Food | Students to bring their own lunch and water. |
| Equipment | Football boots and Mouthguard. |
| Organising teacher | Rohan Scanes |
| Teachers attending | Rohan Scanes |
| Additional information | If catching mini bus you will have to pay \$8 to D Block office |
| Emergency Contact Number | 0467 815 781 |
| Consent Form and Payment due to Office by | Tuesday 30 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 | Western Sydney Rugby League City Cup - Finals Day |
| Date | Tuesday 30/07/2024 8:30am - 3:00pm |
| Location | Kirkham Park |
| Cost | \$8.00 Payable at D Block Office if catching the mini bus |
| Organising Teacher | Rohan Scanes |

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**