



## SCHOOL EXCURSION / INCURSION NOTIFICATION

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

<b>Excursion / Incursion</b>	<b>Year 10 and 11 - Mock Trial</b>
<b>Date</b>	Monday 10th August 2020
<b>Year / classes involved</b>	8 students
<b>Location</b>	A3 Classroom
<b>Purpose</b>	Mock Trial - This is held out of school hours. Students compete against other schools in a series of trials run by a magistrate.
<b>Start time</b>	3:50pm
<b>End time</b>	7:00pm
<b>Transport</b>	
<b>Cost</b>	Free
<b>Dress requirements</b>	Full school uniform
<b>Food</b>	
<b>Equipment</b>	
<b>Organising teacher</b>	Evelyn Stevenson
<b>Teachers attending</b>	Evelyn Stevenson
<b>Additional information</b>	
<b>Consent Form and Payment due to Office by</b>	10th August 2020

### *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. This excursion/incursion has the approval of the principal. A risk management plan has been submitted to the principal as part of the excursion planning.
3. Students must wear full school uniform unless otherwise instructed above. Students who are not in uniform will not be allowed to attend.
4. A standard of behaviour is expected of all students representing the school in the greater community.
5. Please note the time and place of departure and return, transport arrangements, uniform requirements and food as advised above.

Mr David Arblaster  
**Principal**



**Turrumurra High School**  
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## EXCURSION / INCURSION PERMISSION FORM

Please return this permission form to the Office by 10th August 2020

<b>Excursion / Incursion</b>	Year 10 and 11 - Mock Trial
<b>Date</b>	10/08/2020 3:50pm - 7:00pm
<b>Location</b>	A3 Classroom
<b>Cost</b>	Free
<b>Organising Teacher</b>	Evelyn Stevenson

I give permission for (student name) \_\_\_\_\_

of year/class \_\_\_\_\_ to participate in this excursion / incursion.

**I have noted the start and end times, transport arrangements 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 by 10th August 2020**
- **Tear off and keep previous page for your information**