



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Year 10 and 11 - Mock Trial
Date	Monday 31st August 2020
Year / classes involved	8 students
Location	A3 Classroom
Purpose	Mock Trial - This is held out of school hours. Students compete against other schools in a series of trials run by a magistrate.
Start time	3:00pm
End time	7:00pm Students will be released from the venue to make their own way home.
Transport	Walking
Cost	Free
Dress requirements	Full school uniform
Food	
Equipment	
Organising teacher	Evelyn Stevenson
Teachers attending	Evelyn Stevenson
Additional information	
Consent Form and Payment due to Office by	31st 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



EXCURSION / INCURSION PERMISSION FORM

Please return this permission form to the Office by 31st August 2020

Excursion / Incursion	Year 10 and 11 - Mock Trial
Date	31/08/2020 3:00pm - 7:00pm
Location	A3 Classroom
Cost	Free
Organising Teacher	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 31st August 2020**
- **Tear off and keep previous page for your information**