



Turrumurra High School
Maxwell Street
Turrumurra NSW 2074
02 9449 4233
turrumurra-h.school@det.nsw.edu.au

SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Year 12 Drama - Neighbourhood Watch Workshop
Date	Wednesday 5th August 2020
Year / classes involved	Yr 12 Drama
Location	E4 Drama Room
Purpose	Workshop with Anne Wilson exploring the play Neighbourhood Watch experientially through viewing archival footage and practical workshops.
Start time	9:00am
End time	3:00pm
Transport	
Cost	\$50.00
Dress requirements	Full school uniform
Food	
Equipment	
Organising teacher	Michael Blakeley
Teachers attending	Michael Blakeley
Additional information	
Consent Form and Payment due to Office by	04th 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 with your payment to the Office by 04th August 2020

Excursion / Incursion	Year 12 Drama - Neighbourhood Watch Workshop
Date	05/08/2020 9:00am - 3:00pm
Location	E4 Drama Room
Cost	\$50.00
Organising Teacher	Michael Blakeley

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: _____

PAYMENT OPTIONS

Parent Online Payment through the school website and click on *Make a Payment*.
Enter excursion / incursion name in the payment description under *Excursions*.

Receipt # _____ *Date paid:* _____

Cash (correct amount please)

Cheque (payable to *Turrumurra High School*)

International student

Please use the credit in my account

- **Please return this consent form with your payment to the Office by 04th August 2020**
- **Tear off and keep previous page for your information**