

TURRAMURRA

HIGH SCHOOL

Excursion Title: **Mock trial**

Excursion Date: **Thursday July 23**
Term 3 Week 1

Dear Parent/ Caregiver

As part of our external curriculum the school offers the opportunity to participate in mock trial. Our first mock trial is on July 23 and will be conducted online via zoom.

Date: **Thursday July 23**
Venue: **Staff Common Room**
Start Time: 4pm
Finish Time: 7pm
Uniform: **Full School Uniform**
Requirements: Paper and pen for note taking

Contact details: If you need to contact your son or daughter during the excursion, please call the school during office hours (8:15am – 3:15pm) 9449 4233.

School Stream is used to notify parents, students and staff of upcoming excursions and events. We are also able to let parents know if there are any delays with excursions or of any emergencies. Go to the school website www.turramurrahighschool.com.au and scroll down to the bottom of the home page and click on the School Stream icon to find how to download the app.



Evelyn Stevenson
Incursion Co-ordinator



Mr David Arblaster
Principal

TURRAMURRA

HIGH SCHOOL

EXCURSION CONSENT FORM

Excursion Title: **Mock Trial**

Excursion Date: Thursday July 23, 2020

Student name: _____

Teacher: Evelyn Stevenson Year/Class: Year 10 and 11

Upon signing, I agree to the following:

- **ALL contact details and medical information** held by the school are correct.
- I will notify the school in writing of any changes in contact details and/or medical information.
- I am aware of all excursion travel arrangements, uniform requirements and (if applicable), food/meal requirements.
- **In the event of any accident or illness, I authorise** any officer, member or servant of the Department of Education to obtain urgent medical assistance or treatment for my child. This may include the administration of any anaesthetic or blood transfusion as he or she may consider expedient and for this purpose to engage any first aiders, ambulance officers, doctors, dentists, nursing assistance of hospital accommodation, and in this event I agree to pay all such doctors', dentists', nurses', ambulance and hospital fees.

I, _____ (Parent name) give permission for my daughter/son, named above, to attend this excursion.

Parent Signature: _____

Date: _____