



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Year 9 and 10 - Premier Debating challenge
Date	Thursday 3rd September 2020
Year / classes involved	9/10 Premier Debating team
Location	Staff Common Room
Purpose	Premier Debating challenge round 2
Start time	8:45am
End time	11:15am
Transport	
Cost	Free
Dress requirements	Full school uniform
Food	
Equipment	Paper and pen for note taking
Organising teacher	Lisa Ma
Teachers attending	Lisa Ma
Additional information	
Consent Form and Payment due to Office by	01st September 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



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EXCURSION / INCURSION PERMISSION FORM

Please return this permission form to the Office by 01st September 2020

Excursion / Incursion	Year 9 and 10 - Premier Debating challenge
Date	03/09/2020 8:45am - 11:15am
Location	Staff Common Room
Cost	Free
Organising Teacher	Lisa Ma

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 01st September 2020**
- **Tear off and keep previous page for your information**