

SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Volleyball Knockout 2021
Date	Thursday 25th February 2021
Year / classes involved	Girls Volleyball team
Location	Cammaraygal High School (192 Pacific Highway Crows Nest NSW 2065)
Purpose	Students will be participating in the inter schools knockout competition for Volleyball. Depending on outcomes of individual games we may be participating in several rounds throughout term 1 and 2.
Start time	8:40am Turramurra Railway Station
End time	11:30am Returning to THS
Transport	Public Bus Train
Cost	\$10.00
Dress requirements	Full sports/PE uniform
Food	Students bring their own recess/lunch
Equipment	Youth Opal Card hat and sunblock water bottle
Organising teacher	Mark Crewe
Teachers attending	Mark Crewe
Additional information	
Consent Form and Payment due to Office by	23rd February 2021

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.

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Mr David Arblaster Principal



EXCURSION / INCURSION PERMISSION FORM

Please return this permission form with your payment to the Office by 23rd February 2021

Excursion / Incursion	Volleyball Knockout 2021
Date	Thursday 25/02/2021 8:40am - 11:30am
Location	Cammaraygal High School
Cost	\$10.00
Organising Teacher	Mark Crewe

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 *Turramurra High School*)
- □ International student
- Please use the credit in my account
- Please return this consent form with your payment to the Office by 23rd February 2021
- Tear off and keep previous page for your information