



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Leadership by Listening
Date	Tuesday 22nd June 2021
Year / classes involved	ATSI
Location	Killara High School (Koola Avenue, Killara)
Purpose	Leadership by Listening an indigenous focussed workshop and meeting. This is for students and teachers.
Start time	8:41am Meet at the venue
End time	5:39pm Students will be released from the venue to make their own way home.
Transport	Own transport
Cost	No cost
Dress requirements	Full school uniform
Food	Students bring their own recess/lunch
Equipment	water bottle
Organising teacher	Darren Reid
Teachers attending	Darren Reid
Additional information	NS5 schools participating, discussing Aboriginal education possibilities with a focus on the Uluru statement.
Consent Form and Payment due to Office by	Monday 21st June 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.

Mr David Arblaster
Principal



EXCURSION / INCURSION PERMISSION FORM

Please return this permission form to the Office by Monday 21st June 2021

Excursion / Incursion	Leadership by Listening
Date	Tuesday 22/06/2021 8:41 am - 5:39pm
Location	Killara High School
Cost	No cost
Organising Teacher	Darren Reid

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 Monday 21st June 2021**
- **Tear off and keep previous page for your information**