



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Premier Debating Challenge round 2 stage 5
Date	Tuesday 22nd June 2021
Year / classes involved	5 students from debating team
Location	Turrumurra High School (Maxwell St, South Turrumurra NSW 2074)
Purpose	Turrumurra stage 5 debating Killarney Heights in Premier Debating Challenge round 2.
Start time	12:20pm
End time	3:00pm
Transport	
Cost	No cost
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	Friday 18th 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 Friday 18th June 2021

Excursion / Incursion	Premier Debating Challenge round 2 stage 5
Date	Tuesday 22/06/2021 12:20pm - 3:00pm
Location	Turrumurra High School
Cost	No cost
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 Friday 18th June 2021**
- **Tear off and keep previous page for your information**