



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Theatresports Semi-final
Date	Thursday 3rd June 2021
Year / classes involved	Theatresports team
Location	St Augustine's College, Brookvale (Federal Parade Brookvale)
Purpose	Our Senior team will travel to St Augustine's, Brookvale
Start time	4:00pm Turrumurra High School
End time	9:30pm Students will be released from the venue to make their own way home.
Transport	Private car
Cost	No cost
Dress requirements	Theatresports uniform- Team vest- black long sleeves and pants, Black sweatbands-.Converse boots- any colour
Food	Students bring their own dinner
Equipment	
Organising teacher	Belinda Farr-Jones
Teachers attending	Belinda Farr-Jones
Additional information	
Consent Form and Payment due to Office by	3rd 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 3rd June 2021

Excursion / Incursion	Theatresports Semi-final
Date	Thursday 03/06/2021 4:00pm - 9:30pm
Location	St Augustine's College, Brookvale
Cost	No cost
Organising Teacher	Belinda Farr-Jones

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 3rd June 2021**
- **Tear off and keep previous page for your information**