



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Burger day
Date	Monday 21st June 2021
Year / classes involved	Year 12 hospitality students
Location	B3 Classroom
Purpose	Year 12 Hospitality will be completing a service period for their Cert II completion and will be selling a variety of hamburgers to students and staff.
Start time	10:00am
End time	1:40pm
Transport	
Cost	No cost
Dress requirements	Full school uniform
Food	Recess/lunch will be provided
Equipment	
Organising teacher	Mark Crewe
Teachers attending	Mark Crewe
Additional information	
Consent Form and Payment due to Office by	Tuesday 15th 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 Tuesday 15th June 2021

Excursion / Incursion	Burger day
Date	Monday 21/06/2021 10:00am - 1:40pm
Location	B3 Classroom
Cost	No cost
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: _____

- **Please return this consent form to the Office by Tuesday 15th June 2021**
- **Tear off and keep previous page for your information**