Principal – Andrew Backhouse

**EXCURSION INFORMATION AND CONSENT FORM**

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| --- | --- |
| Dear Parent/Caregiver | 27 May 2015 |

Your child’s class is going on an excursion to The Seymour Centre on Thursday 6 August 2015.

This excursion for Drama has been planned to support work being done in the classroom on performances and monologues.

The cost of the excursion is $20 plus their train fare. The class will depart Gosford Train Station at 8.00am and return to Gosford Train Station at 3.00pm approximately.

Dress to and from the venue: Full school uniform. Students not in full school uniform will not be permitted to attend, this includes suitable footwear.

Travel will be by train – parents are required to drop off and pick up from station at the times mentioned above.

The group will be supervised by Mrs Jade Draper.

***Please complete details below and return by******Monday 13 July 2015. If photos are taken on this excursion, we require your permission to publish these in our newsletter and website. Please indicate below if you give permission.***

N.B No student will attend an excursion if the permission note and payment have not been received prior to the excursion date.

Yours faithfully

|  |  |
| --- | --- |
| **Principal:**  Andrew Backhouse | **Teacher:**  Jade Draper |

**(This excursion is part of the students’ learning program and has the Principal’s approval)**

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***Please return this note and payment to the Front Office by Monday 13 July 2015***

I hereby consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(student’s name)* in Year \_\_\_\_ participating in an excursion to The Seymour Centre on Thursday 6 August 2015 I also give permission for photographs to be taken and published in the school’s newsletter and/or school website - **yes / no** *(please circle).*

|  |  |  |
| --- | --- | --- |
| Parent/Caregiver Name *(Please print)* | Parent/Caregiver Signature | Date |

Is your child Anaphylactic

❒ No

❒ Yes

Allergic to:

Where will the EpiPen be located on this excursion:

Special needs of my child of which you should be aware (e.g., allergies, medication – please provide full details):

Parent/Caregiver Contact No(s): (on date of this excursion)

Student’s Mobile No: …………………………………………