

EXCURSION INFORMATION AND CONSENT FORM

Dear Parent/Caregiver

7 November 2016

Your child _____ has been selected to attend an ATSI Numeracy Day at Tuggerah Lakes Secondary College Tumbi Umbi Campus on Tuesday 15 November 2016.

This excursion has been especially planned for ATSI students in Years 7 to 10. The students will be undertaking a number of numeracy activities, along with ATSI students from other high schools across the Central Coast. Some Rugby League and Rugby Union players have been invited to come along and conduct the activities. This day will be a lot of fun!

There is no cost for the excursion. The students will depart from school at 8.55am and return to school at approximately 3.00pm. Travel will be by private transport provided by teachers. A sausage sizzle will be provided for lunch.

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

The group will be supervised by Ms Muscat and Miss Perkins.

Please complete details below and return by Friday 11 November 2016. 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 has not been received prior to the excursion date.

Yours faithfully

Principal:
Andrew Backhouse

Teacher:
Patricia Muscat

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

✂ -----

Please return this note to Ms Muscat by Friday 11 November 2016

I hereby consent to _____ (student's name) in Year ____ participating in an excursion to Tuggerah Lakes Secondary College Tumbi Umbi Campus on Tuesday 15 November 2016. 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: