



## SCHOOL EXCURSION / INCURSION NOTIFICATION

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

<b>Excursion / Incursion</b>	Zone Cross Country Championships
<b>Date</b>	Friday 14th May 2021 (Individual race times will be provided )
<b>Year / classes involved</b>	Zone Cross Country Team
<b>Location</b>	Hylton Moore Oval
<b>Purpose</b>	Zone Cross Country Championships
<b>Start time</b>	9:20am
<b>End time</b>	2:30pm
<b>Transport</b>	Students need to make their own way to and from the venue.
<b>Cost</b>	Free
<b>Dress requirements</b>	Students should wear their PDHPE uniform and appropriate running footwear to and from the carnival. Singlets will be provided to students for their race.
<b>Food</b>	Students must bring their own food and water.
<b>Equipment</b>	Appropriate running footwear and a water bottle.
<b>Organising teacher</b>	Michael Mellish
<b>Teachers attending</b>	Michael Mellish
<b>Additional information</b>	N/A
<b>Consent Form and Payment due to Office by</b>	13th May 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. Students must wear full school uniform unless otherwise instructed above. Students who are not in uniform will not be allowed to attend.
3. A standard of behaviour is expected of all students representing the school in the greater community.
4. Please note the time and place of departure and return, as advised above.



## EXCURSION / INCURSION PERMISSION FORM

Please return this permission form to the Office

<b>Excursion / Incursion</b>	Zone Cross Country Championships
<b>Date</b>	Friday 14/05/2021 9:20am - 2:30pm (Individual race times will be provided )
<b>Location</b>	Hylton Moore Oval
<b>Cost</b>	Free
<b>Organising Teacher</b>	Michael Mellish

I give permission for (student name) \_\_\_\_\_  
of year/class \_\_\_\_\_ to participate in this excursion / incursion.

**I have noted the start and end times and dress requirements.**

Additional needs of my child of which you should be aware: eg. allergies or medical conditions

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**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
- Tear off and keep previous page for your information