



📄 Online Form - Girrakool School Sports Visits Terms 3 & 4 2024

Activity Name:	Girrakool School Sports Visits Terms 3 & 4 2024
Date/Time:	<ul style="list-style-type: none"> • Tuesday 30 July 2024 1:30pm - 2:30pm • Tuesday 6 August 2024 1:30pm - 2:30pm • Tuesday 13 August 2024 1:30pm - 2:30pm • Tuesday 20 August 2024 1:30pm - 2:30pm • Tuesday 27 August 2024 1:30pm - 2:30pm • Tuesday 3 September 2024 1:30pm - 2:30pm • Tuesday 10 September 2024 1:30pm - 2:30pm • Tuesday 17 September 2024 1:30pm - 2:30pm • Tuesday 24 September 2024 1:30pm - 2:30pm • Tuesday 15 October 2024 1:30pm - 2:30pm • Tuesday 22 October 2024 1:30pm - 2:30pm • Tuesday 29 October 2024 1:30pm - 2:30pm • Tuesday 5 November 2024 1:30pm - 2:30pm • Tuesday 12 November 2024 1:30pm - 2:30pm • Tuesday 19 November 2024 1:30pm - 2:30pm • Tuesday 26 November 2024 1:30pm - 2:30pm • Tuesday 3 December 2024 1:30pm - 2:30pm • Tuesday 10 December 2024 1:30pm - 2:30pm
Description:	Staff and students from Girrakool School visit to support our Special Education students in their Tuesday sports programs. This is a continuation from terms 1 and 2.
Venue:	School
Dress Code:	Full Sports Uniform.
Additional Information:	This program is mutually beneficial for students of both Henry Kendall High School and The Girrakool School. Students are closely supervised at all times.
Due Date:	Friday 26 July 2024

* indicates a required field

I have read the above details and give consent for my child, to attend the Girrakool School Sports Visits Terms 3 & 4 2024. I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I

acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders. *

Yes No

Student Name:

Parent/Carer Name: *

Parent/Carer Phone Number: *

Medical conditions/information relevant to the activity (including any medication required):

I give permission for my child to be recorded or photographed to promote the event on local and social media: *

Yes

No

I have read the attachment and fully understand the Department of Education Mandatory Consent Information:

Yes

Parent/Carer Signature: *