

SCHOOL EXCURSION / INCURSION NOTIFICATION

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

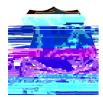
Excursion /Incursion	Student Leadership Intensive Learning Days
Date	Tuesday 21st July 2020, Monday 27th July 2020
Year / classes involved	Student Leadership Team 2020/21
Location	Staff Common Room, MPC ,
Purpose	The student leaders will have two days in early Term 3 at school undergoing learning and planning as a team. These days will focus on leadership, school culture and communication processes.
Start time	8:40am
End time	4:00pm
Transport	N/A
Cost	\$20.00
Dress requirements	Students are to wear school uniform as per usual normal school procedures and routines.
Food	Students will have the opportunity to purchase food from the canteen or they can bring their own lunch/recess.
Equipment	Please bring and have your student device charged for the learning sessions. Please speak to Ms Lusher-Main if you need to borrow a device.
Organising teacher	Daniel Buttrey
Teachers attending	Daniel Buttrey, Sally Lusher-Main
Additional information	N/A
Consent Form and Payment due to Office by	20th July 2020

General Information Concerning Excursions / Incursions

3. Students must wear full school uniform unless otherwise instructed above. Students who are not in uniform will not be allowed to attend.

^{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.

^{4.} A standard of behaviour is expected of all students represe



EXCURSION /INCURSION PERMISSION FORM Please return this permission form with your payment to the Office by 20th July 2020

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Location	Staff Common Room, MPC
Cost	\$20.00
Organising Teacher	Daniel Buttrey

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: _____

PAYMENT OPTIONS

□ Parent Online Payment through the school website and click on Make a Payment Enter excursion / incursion name in the payment description under Excursions.

Receipt # _____ Date paid: _____

□ Cash (correct amount please)

- □ Cheque (payable to Turramurra High School)
- □ International student
- Please return this consent form with your payment to the Office by 20th July 2020
- Tear off and keep previous page for your information