



# Hurlstone Agricultural High School

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Phone: 9829 9222

May 21, 2018

## Handball State Championships EXCURSION CONSENT FORM

Please complete and return this form to the PDHPE staffroom by **29/5/18**.

Dear parent/guardian,

- Selected Students from years 9-12 will be going on an excursion representing the school in The NSW European Handball State Championships on **Monday 4<sup>th</sup> June (Ladies) and Tuesday 5<sup>th</sup> June (Mens)**
- The teams will depart from **Hurlstone** at **7am** and return to **school** at **approximately 3pm**.
- Students will travel by **school vehicle to Blacktown Leisure centre Stanhope Pkwy & Sentry Drive, Stanhope Gardens NSW 2768**.
- The cost of the excursion is \$20 to be **paid** through the registrar
- Accompanying staff are **Mr Wilson (Monday)** and **Mr Willoughby (Tuesday)**.
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- School sport uniform is to be worn to this excursion.

*Please detach here...*

### Special Needs

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

### Privacy Advice

- The information provided on this consent form by the parent or caregiver is being obtained for the purpose of conducting a school excursion detailed above.
- It will be used by the NSW Department of Education and Training for seeking consent for the child to undertake activities within this excursion activity.
- Provision of this information is required by law / voluntary. It will be stored securely.
- You may correct any personal information provided at any time by contacting David Coombes on 9829 9222.

Mr T Willoughby  
Handball Coach

Ms M Pham

Deputy Principal

### Consent

I hereby consent to ..... participation in an excursion to

*(Student's full name)*

NSW Handball State Championships.( Blacktown Leisure Centre ) on:

**MONDAY 4<sup>th</sup> June/ TUESDAY 5<sup>th</sup> JUNE (Please indicate)**

The excursion will depart from school at 7am and return to the school by 3pm.

I give permission for my child to receive medical treatment in case of emergency. **YES / NO** (please circle)

Signature of Parent / Guardian

Name of Parent / Guardian

Date