



Hurlstone Agricultural High School

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May 21, 2018

EXCURSION CONSENT FORM

Year 7 Ultimate Frisbee Gala day

Please complete and return this form to **the PDHPE staffroom** by **25/5/18**.

Dear parent/guardian,

- A selection of students from the Hurlstone Ultimate Frisbee squad will be going on an excursion to GRANVILLE PARK, MERRYLANDS on **31/5/18**
- This excursion has been planned to supplement the following work being done in the classroom:

Year 7 Schools Ultimate Frisbee State Championships

- The cost of the excursion is \$ **10**. Money paid to the register must be paid by **24/5/18**
- The class will depart from **HAHS** at **8.00am** and return to **HAHS** at **3:00pm**.
- Travel will be by **train**. **Students are advised to purchase their own Opal card**.
- Accompanying staff are **Mr. A. Wilson, Mr. T. Willoughby**
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- School uniform is to be worn to this excursion.

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 HAHS on 9829 9222.

.....
Mr A Wilson
Ultimate Coach

.....
Ms Pham
Deputy Principal

✂ Please detach here...

Consent

I hereby consent to participation in an excursion to
(Student's full name)

Junior school state Ultimate Frisbee on **31/5/18**. The excursion will depart from HAHS at 8:00am and return to HAHS at 3:00pm.

Return this note to: PE Staffroom by Friday 25/5/18

Special Needs

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

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