



Hurlstone Agricultural High School

Roy Watts Road
GLENFIELD NSW 2167
School email: hurlstone-h.school@det.nsw.edu.au

Fax: 9829 2026
Phone: 9829 9222

February 13, 2017

EXCURSION CONSENT FORM

Please complete and return this form to **Mikala Hewett** by **25/7/17**.

Dear parent/guardian,

- Year 11 Japanese will be going on an excursion to the Japanese Language Centre on **15/8/17**.
- This excursion has been planned to supplement the following work being done in the classroom:
immersion in Japanese language and culture
- The cost of the excursion is \$ **27.00** and **students will need to use their own OPAL cards**. Money paid to the register must be paid by **25/7/17**.
- The class will depart from **Glenfield Station** at **8am** and return to **Glenfield Station** at **2.55pm**.
- Travel will be by **train**. **Students need to use their own OPAL cards for the train. If students wish to make their own way home they must bring a note from their parents.**
- Accompanying staff are **Mikala Hewett**.
- 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 _____ on 9829 9222.

.....
Mikala Hewett
Japanese Teacher

.....
Nick Wenban
Deputy Principal

✂ *Please detach here...*

Consent

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

the Japanese Language Centre on 15/8/17. The excursion will depart from Glenfield Station at 8am and return to Glenfield Station at 2.55pm. If students wish to make their own way home, they must bring a note from their parents.

Return this note to: **Mikala Hewett**

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