



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

October 17, 2017

EXCURSION CONSENT FORM

Please complete and return this form to Mr Pittas by 20/10/2017.

Dear parent/guardian,

- The 2018 Prefect Executive will be going on an excursion to the GRIP Leadership Conference on **THURSDAY 26TH October 2017.**
- This excursion has been planned to supplement the following work being done in the classroom:
 - to develop leadership skills both in a school context and in a school to work context
- The cost of the excursion is **\$ NIL TO STUDENTS.** Money paid to the register must be paid by **N/A.**
- The class will depart from **GLENFIELD TRAIN STATION** at **7:50AM** and return to **school** at **3.00 pm .**
- Travel will be by **TRAIN, BUS AND FOOT. STUDENTS MUST HAVE A LOADED OPAL PASS THAT WILL ALLOW THEM TO TRAVEL TO AND FROM THE VENUE (SYDNEY OLYMPIC PARK SPORTS CENTRE).**
- Accompanying staff are **Mr Pittas .**
- 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 Mr Pittas on 9829 9222.

.....
M. Sproule

Ms M. Sproule
Head Teacher Administration

.....
A. Young

Deputy Principal

✂ Please detach here...

Consent

I hereby consent to participation in an excursion to

(Student's full name)

GRIP Leadership Conference at Sydney Olympic Park Sports Centre on Thursday 26th October 2017. The excursion will depart from 7:50am at Glenfield Train Station and return to **SCHOOL** at 3.00PM. **ALL STUDENTS MUST RETURN TO SCHOOL WITH THE ACCOMPANYING TEACHER. NO EXCEPTIONS.**

Return this note to: **Mr Pittas**

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