



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 26, 2017

EXCURSION CONSENT FORM

Please complete and return this form to **Mr Armitage** by 1/11/17.

Dear parent/guardian,

- Members of the Pops Orchestra will be going on an excursion to perform at the Principals' Celebration at Fairfield RSL on **Thursday 16th Novemeber, 2017.**
- This excursion has been planned to supplement the following work being done in the classroom:
Musical Performance
- The cost of the excursion is \$ 0. Money paid to the register must be paid by **N/A.**
- The class will depart from **school** at **8:50am** and return to **school** at **approximately 7:00pm.**
- Travel will be by **bus**
- Accompanying staff are **Mr Armitage, Ms Wuhrer, Mr Parker.**
- 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 Armitage on 9829 9222.

.....
G.Armitage

.....
Deputy Principal

✂ Please detach here...

Consent

I hereby consent to participation in an excursion to

(Student's full name)

The Principals' Celebration at Fairfield RSL on 16/11/17. The excursion will depart from school at 8:50am and return to school at approximately 7:00pm.

Return this note to: **Mr Armitage**

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