



## SCHOOL EXCURSION / INCURSION NOTIFICATION

Dear Parent/Caregiver, an excursion/activity has been organised for your child.

<b>Excursion / Incursion</b>	Australian Defence Force Information Session
<b>Date</b>	Thursday 9th June 2022
<b>Year / classes involved</b>	Years 9-12 (voluntary)
<b>Location</b>	Belmont High School Library
<b>Purpose</b>	The Australian Defence Force is one of the world's leading military organisations. "We fulfil key defensive roles as well as providing a range of peacetime services". The information session will have key ADF personnel deliver a general information session about the Army, Airforce and Navy. Students will learn about entry pathways, gap year opportunities and sponsored University entry.
<b>Start time</b>	10:00am
<b>End time</b>	11:00am
<b>Transport</b>	N/A
<b>Cost</b>	No cost payable to office
<b>Dress requirements</b>	N/A
<b>Food</b>	N/A
<b>Equipment</b>	N/A
<b>Organising teacher</b>	Natalie Hilder
<b>Teachers attending</b>	Natalie Hilder
<b>Additional information</b>	N/A
<b>Consent Form due to Office by</b>	Wednesday 8th June 2022

### *General Information Concerning Excursions / Incursions*

1. Excursions and Incursions form an integral part of the curricula by providing enriching experiences which cannot be provided in the classroom.
2. Students must wear full school uniform unless otherwise instructed above. Students who are not in uniform will not be allowed to attend.
3. A standard of behaviour is expected of all students representing the school in the greater community.
4. Please note the time and place of departure and return, as advised above.



## EXCURSION / INCURSION PERMISSION FORM

Please return this permission form to the Office

<b>Excursion / Incursion</b>	Australian Defence Force Information Session
<b>Date</b>	Thursday 09/06/2022 10:00am - 11:00am
<b>Location</b>	Belmont High School Library
<b>Cost</b>	No cost payable to office
<b>Organising Teacher</b>	Natalie Hilder

I give permission for (student name) \_\_\_\_\_

of year/class \_\_\_\_\_ to participate in this excursion / incursion.

**I have noted the start and end times and dress requirements.**

Additional needs of my child of which you should be aware: eg. allergies or medical conditions

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**Medical Assistance:** In the event of any accident or illness, I authorise the teacher in charge to seek medical assistance or treatment for my child at my cost.

**Parent signature:** \_\_\_\_\_

**Parent name:** \_\_\_\_\_

**Parent phone number:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

- **Please return this consent form to the Office**
- **Tear off and keep previous page for your information**