



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Year 10 - Transition activities.
Date	Wednesday 7th December 2022 - Thursday 8th December 2022
Year / classes involved	Year 10
Location	Belmont High School
Purpose	The Money Confidence Program The Lemon Car Program
Start time	9:00am
End time	3:00pm
Transport	No transport- incursion.
Cost	No cost payable to office
Dress requirements	School uniform.
Food	N/A
Equipment	N/A
Organising teacher	Natalie Hilder
Teachers attending	Natalie Hilder
Additional information	The Money Confidence Program - Wednesday 7/12/22- 9am-11am The Lemon Car Program- Thursday 8/12/22 - 9am-11am Both programs are fully funded by Belmont High School- Careers and Transition.
Consent Form due to Office by	Wednesday 7th December 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

Excursion / Incursion	Year 10 - Transition activities.
Date	Wednesday 07/12/2022 9:00am - Thursday 08/12/2022 3:00pm
Location	Belmont High School
Cost	No cost payable to office
Organising Teacher	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

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**