



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

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| Excursion / Incursion | School visit- Psychological Sciences UoN information session |
| Date | Tuesday 30th May 2023 (Room - E5) |
| Year / classes involved | Year 10 - Psychology class Year 11-12 - interested students |
| Location | Belmont High School |
| Purpose | School of Psychological Sciences- University of Newcastle- school visit information session. |
| Start time | 11:30am |
| End time | 12:30pm |
| Transport | N/A |
| Cost | No cost payable to office |
| Dress requirements | N/A |
| Food | N/A |
| Equipment | N/A |
| Organising teacher | Natalie Hilder |
| Teachers attending | Natalie Hilder |
| Additional information | N/A |
| Consent Form due to Office by | Monday 29th May 2023 |

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

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|------------------------------|--|
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| 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