



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Boots for Brighter Futures Program
Date	Friday 15th March 2024, Friday 22nd March 2024, Friday 5th April 2024, Friday 12th April 2024, Friday 3rd May 2024, Friday 10th May 2024
Year / classes involved	20 students from Years 9 and 10
Location	Belmont High School
Purpose	Boots for Brighter Futures is a program for mob by mob - designed specifically for Indigenous young people. The purpose of the program is to connect Indigenous young people to their culture through art and learning. Establishing strong mental health and lifestyle habits.
Start time	9:00pm
End time	11:00pm
Transport	N/A
Cost	No cost payable to office
Dress requirements	Full school uniform
Food	N/A
Equipment	N/A
Organising teacher	Daniel Taylor
Teachers attending	Daniel Taylor, Kylie Armstrong, Jaimie Hobby
Additional information	N/A
Consent Form due to Office by	Thursday 14th March 2024

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	Boots for Brighter Futures Program
Date	Friday 15/03/2024 9:00pm - 11:00pm, Friday 22/03/2024 9:00pm - 11:00pm, Friday 05/04/2024 9:00pm - 11:00pm, Friday 12/04/2024 9:00pm - 11:00pm, Friday 03/05/2024 9:00pm - 11:00pm, Friday 10/05/2024 9:00pm - 11:00pm
Location	Belmont High School
Cost	No cost payable to office
Organising Teacher	Daniel Taylor

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