

SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	University of Newcastle - Schools Visit Day 2024
Date	Thursday 4th July 2024
Year / classes involved	Year 11-12
Location	The University of Newcastle
Purpose	Schools Visit Day is an opportunity for students to get a taste for uni life and experience the degrees on offer at the University. Academics and current students run presentations and campus tours throughout the day to give students all the information they need to choose the right degree. Attendance at these days are usually organised by career advisers and teachers.
Start time	9:00am
End time	3:00pm
Transport	Private bus charter (\$15 per person)
Cost	\$15.00
Dress requirements	Full school uniform
Food	Food can be purchased on the day at campus outlets or bring your own lunch.
Equipment	N/A
Organising teacher	Natalie Hilder
Teachers attending	Natalie Hilder
Additional information	N/A
Consent Form and Payment due to Office by	Wednesday 3rd July 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 with your payment to the Office

Excursion / Incursion	University of Newcastle - Schools Visit Day 2024
Date	Thursday 04/07/2024 9:00am - 3:00pm
Location	The University of Newcastle
Cost	\$15.00
Organising Teacher	Natalie Hilder
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of year/class to p	earticipate in this excursion / incursion.
	nd end times and dress requirements. which you should be aware: eg. allergies or medical conditions
Medical Assistance: In the ever assistance or treatment for my cl	nt of any accident or illness, I authorise the teacher in charge to seek medical nild at my cost.
Parent signature:	
Parent name:	
Parent phone number:	
Emergency Contact Name:	
Emergency Contact Number:	
PAYMENT OPTIONS	
-	ough the school website and click on <i>Make a Payment.</i> ame in the payment description under <i>Excursions</i> .
Receipt #	Date paid:
☐ Cash (correct amount please	
☐ Cheque (payable to <i>Belmont</i>	High School

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