



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Sydney Secondary Youth Leadership Conference
Date	Thursday 21st March 2024
Year / classes involved	Senior student leadership group
Location	ICC Sydney - Darling Harbour Theatre
Purpose	A Youth Leadership Conference for High School students who embark on a journey of self-discovery, empowerment, and leadership development. The conference has keynotes, interactive activities and reflective sessions that will equip and empower student leaders with the skills for future success.
Start time	9:15am
End time	2:30pm
Transport	Public Transport - Train to Sydney - leaves 6:15am from Wyee Station Train from Sydney - arrives between 5:15 and 5:45pm at Wyee Station
Cost	No cost payable to office
Dress requirements	Full School Uniform
Food	Nil
Equipment	Nil
Organising teacher	Darrel Luck
Teachers attending	Darrel Luck
Additional information	Students will require their Opal Card or other method of payment for rail travel.
Consent Form due to Office by	Friday 8th 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	Sydney Secondary Youth Leadership Conference
Date	Thursday 21/03/2024 9:15am - 2:30pm
Location	ICC Sydney - Darling Harbour Theatre
Cost	No cost payable to office
Organising Teacher	Darrel Luck

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