



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Top Blokes
Date	Tuesday 26th March 2024 - Tuesday 24th September 2024
Year / classes involved	Nominated Year 9 boys
Location	Belmont High Performance Space
Purpose	Top Blokes is an Australian charity committed to building a future where every young male, regardless of background or where they live, can stand tall with a strong voice, unwavering belief in himself and a sense of belonging. In every school, across every state, it is intended that boys and young men learn the skills and have the space to build resilience, empathy, and wellbeing. Strong mental health and positive masculinities are the foundations that Top Blokes stand strong on to ensure more young males across Australia flourish, creating a ripple effect of positive change for communities everywhere.
Start time	11:30am
End time	12:30pm
Transport	N/A
Cost	No cost payable to office
Dress requirements	School uniform
Food	N/A
Equipment	Pen
Organising teacher	Karen Newman
Teachers attending	Karen Newman
Additional information	N/A
Consent Form due to Office by	Monday 25th 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	Top Blokes
Date	Tuesday 26/03/2024 11:30am - Tuesday 24/09/2024 12:30pm
Location	Belmont High Performance Space
Cost	No cost payable to office
Organising Teacher	Karen Newman

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**