



## SCHOOL EXCURSION / INCURSION NOTIFICATION

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

<b>Excursion / Incursion</b>	Marina Boating& Marine Expo
<b>Date</b>	Thursday 11th April 2024 (Bus leaves at 8.40am. )
<b>Year / classes involved</b>	Voluntary
<b>Location</b>	Marmong Point Marina
<b>Purpose</b>	Empire Marina presents the Boating and Marine EXPO.
<b>Start time</b>	8:40am
<b>End time</b>	11:00am
<b>Transport</b>	Mini bus- 12 seater driven by licensed teacher.
<b>Cost</b>	No cost payable to office
<b>Dress requirements</b>	Full school uniform
<b>Food</b>	n/a
<b>Equipment</b>	N/A
<b>Organising teacher</b>	Justin Webb
<b>Teachers attending</b>	Justin Webb, Natalie Hilder
<b>Additional information</b>	N/A
<b>Consent Form due to Office by</b>	Wednesday 10th April 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

<b>Excursion / Incursion</b>	Marina Boating& Marine Expo
<b>Date</b>	Thursday 11/04/2024 8:40am - 11:00am (Bus leaves at 8.40am. )
<b>Location</b>	Marmong Point Marina
<b>Cost</b>	No cost payable to office
<b>Organising Teacher</b>	Justin Webb

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**