



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Kanbal Class - Community Access
Date	Tuesday 7th May 2024, Tuesday 14th May 2024, Tuesday 21st May 2024, Tuesday 28th May 2024, Tuesday 4th June 2024, Tuesday 11th June 2024, Tuesday 18th June 2024, Tuesday 25th June 2024, Tuesday 2nd July 2024, Tuesday 23rd July 2024, Tuesday 30th July 2024, Tuesday 6th August 2024, Tuesday 13th August 2024, Tuesday 20th August 2024, Tuesday 27th August 2024, Tuesday 3rd September 2024, Tuesday 10th September 2024, Tuesday 17th September 2024, Tuesday 24th September 2024, Tuesday 15th October 2024, Tuesday 22nd October 2024, Tuesday 29th October 2024, Tuesday 5th November 2024, Tuesday 12th November 2024, Tuesday 19th November 2024, Tuesday 26th November 2024, Tuesday 3rd December 2024, Tuesday 10th December 2024, Tuesday 17th December 2024
Year / classes involved	Students from the Kanbal Class (AU)
Location	Belmont Citi Centre, Belmont Salvos and Vinnies, Belmont Library, Belmont Foreshore
Purpose	Students will venture out into the Belmont community to buy items at Coles, visit the library and the coffee shop. Students will get to practice road safety and social skills.
Start time	10:00am
End time	12:00pm
Transport	Walking.
Cost	No cost payable to office
Dress requirements	School uniform.
Food	Students will eat their recess out in the community.
Equipment	Hat, water bottle, school bag if needed.
Organising teacher	Emma Wooding
Teachers attending	Emma Wooding, Tracey Barnett
Additional information	Students should bring \$3 each week to contribute towards our class grocery shop; to buy ingredients to make ourselves lunch when we return to school at 12pm.
Consent Form due to Office by	Monday 6th May 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	Kanbal Class - Community Access
Date	Tuesday 07/05/2024 10:00am - 12:00pm, Tuesday 14/05/2024 10:00am - 12:00pm, Tuesday 21/05/2024 10:00am - 12:00pm, Tuesday 28/05/2024 10:00am - 12:00pm, Tuesday 04/06/2024 10:00am - 12:00pm, Tuesday 11/06/2024 10:00am - 12:00pm, Tuesday 18/06/2024 10:00am - 12:00pm, Tuesday 25/06/2024 10:00am - 12:00pm, Tuesday 02/07/2024 10:00am - 12:00pm, Tuesday 23/07/2024 10:00am - 12:00pm, Tuesday 30/07/2024 10:00am - 12:00pm, Tuesday 06/08/2024 10:00am - 12:00pm, Tuesday 13/08/2024 10:00am - 12:00pm, Tuesday 20/08/2024 10:00am - 12:00pm, Tuesday 27/08/2024 10:00am - 12:00pm, Tuesday 03/09/2024 10:00am - 12:00pm, Tuesday 10/09/2024 10:00am - 12:00pm, Tuesday 17/09/2024 10:00am - 12:00pm, Tuesday 24/09/2024 10:00am - 12:00pm, Tuesday 15/10/2024 10:00am - 12:00pm, Tuesday 22/10/2024 10:00am - 12:00pm, Tuesday 29/10/2024 10:00am - 12:00pm, Tuesday 05/11/2024 10:00am - 12:00pm, Tuesday 12/11/2024 10:00am - 12:00pm, Tuesday 19/11/2024 10:00am - 12:00pm, Tuesday 26/11/2024 10:00am - 12:00pm, Tuesday 03/12/2024 10:00am - 12:00pm, Tuesday 10/12/2024 10:00am - 12:00pm, Tuesday 17/12/2024 10:00am - 12:00pm
Location	Belmont Citi Centre, Belmont Salvos and Vinnies, Belmont Library, Belmont Foreshore
Cost	No cost payable to office
Organising Teacher	Emma Wooding

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**