



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Starstruck Choir Mass Rehearsal No: 1
Date	Tuesday 21st May 2024
Year / classes involved	Starstruck Choir
Location	Entertainment Centre Newcastle
Purpose	Students in Starstruck choir will attend a Mass Rehearsal
Start time	9:00am
End time	2:30pm
Transport	Students will need to find their own way to the venue and home again. Private Transport
Cost	No cost payable to office
Dress requirements	Full School Uniform plus a jumper
Food	Students will need to bring all the food they wish to eat for the day and bring a water bottle that can be refilled.
Equipment	Starstruck Choir Music and voices
Organising teacher	Alison Gill
Teachers attending	Alison Gill, Michael Conry
Additional information	N/A
Consent Form due to Office by	Friday 10th 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	Starstruck Choir Mass Rehearsal No: 1
Date	Tuesday 21/05/2024 9:00am - 2:30pm
Location	Entertainment Centre Newcastle
Cost	No cost payable to office
Organising Teacher	Alison Gill

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**