



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Jewells PS NAIDOC
Date	Tuesday 2nd July 2024
Year / classes involved	Selected students from Kalabara Malang dance troupe
Location	Jewells Public School
Purpose	Aboriginal Education- Aboriginal education- Kalabara Malang dance troupe have been invited to perform at Jewells Public School NAIDOC celebrations. This will enhance cultural connections for our Aboriginal students and build on the strong links with Wakul Karabang Community of Schools.
Start time	9:00am
End time	11:30am
Transport	Teacher to transport students in a bus.
Cost	No cost payable to office
Dress requirements	Students are to come to school in the dance blacks (Black top or singlet and tights). Please bring your school uniform to change into after the excursion.
Food	N/A
Equipment	N/A
Organising teacher	Jaimie Hobby
Teachers attending	Jaimie Hobby, Daniel Taylor, Emilia Forrest
Additional information	N/A
Consent Form due to Office by	Tuesday 25th June 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	Jewells PS NAIDOC
Date	Tuesday 02/07/2024 9:00am - 11:30am
Location	Jewells Public School
Cost	No cost payable to office
Organising Teacher	Jaimie Hobby

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**