



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Belmont North PS NAIDOC
Date	Friday 2 August 2024
Year / classes involved	Selected students
Location	Belmont North Public School
Purpose	BHS Kalabara Malang dance troupe have been invited to perform and to conduct student led workshops at Belmont North 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	8:30am
End time	12:30pm
Transport	Walking.
Cost	No cost payable to office
Dress requirements	Dance blacks i.e., black tights and top.
Food	Students should pack their lunch as normal. Water bottles.
Equipment	N/A
Organising teacher	Jaimie Hobby
Teachers attending	Jaimie Hobby, Daniel Taylor
Additional information	N/A
Consent Form due to Office by	Friday 2 August 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	Belmont North PS NAIDOC
Date	Friday 02/08/2024 8:30am - 12:30pm
Location	Belmont North 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**