



SCHOOL EXCURSION / INCURSION NOTIFICATION

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

Excursion / Incursion	Hunter and Central Coast Future Choices Expo
Date	Wednesday 7 August 2024 (EXPO - 9.30-11.30am)
Year / classes involved	Year 9-12 (selected students)
Location	McDonald Jones Stadium, Broadmeadow
Purpose	The Hunter and Central Coast Future Choices Expos are annual events presented by Career Links in conjunction with the National Disability Coordination Officer Program and NSW Department of Education Support Teachers (Transition).
Start time	9:00am
End time	12:00pm
Transport	Private bus charter.
Cost	\$15.00
Dress requirements	Full school uniform
Food	N/A
Equipment	N/A
Organising teacher	Natalie Hilder
Teachers attending	Natalie Hilder, Josie Mullington, Alanna Wynne
Additional information	N/A
Consent Form and Payment due to Office by	Monday 5 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 with your payment to the Office

Excursion / Incursion	Hunter and Central Coast Future Choices Expo
Date	Wednesday 07/08/2024 9:00am - 12:00pm (EXPO - 9.30-11.30am)
Location	McDonald Jones Stadium, Broadmeadow
Cost	\$15.00
Organising Teacher	Natalie Hilder

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: _____

PAYMENT OPTIONS

Parent Online Payment through the school website and click on *Make a Payment*.
Enter excursion / incursion name in the payment description under *Excursions*.

Receipt # _____ *Date paid:* _____

Cash (correct amount please)

Cheque (payable to *Belmont High School*)

- **Please return this consent form with your payment to the Office**
- **Tear off and keep previous page for your information**