



Hurlstone Agricultural High School

Roy Watts Road

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GLENFIELD NSW 2167

Phone: 9829 9222

School email: hurlstone-h.school@det.nsw.edu.au

September 10, 2019

EXCURSION CONSENT FORM

Please complete and return this form to **Front Office box titled "Year 12 Picnic"** by **18th September 2019**.

Dear parent/guardian,

- Year 12 will be going on an excursion to Stuart Park in Wollongong on **24th September**. There will be NO swimming and NO beach access as Stuart Park is distant from the beach.
- This excursion has been planned to supplement the following work being done in the classroom:
Rest and Reprieve, end of year celebration. A lunch is provided for students.
- The cost of the excursion is \$ **25.00**. Money paid to the register must be paid by **18th September 2019**.
- The class will depart from **HAHS** at **8:15am** and return to **HAHS** at **2:50pm**.
- Travel will be by **Bus**
- Accompanying staff are **Mr D Coombes, Miss L Rose & other staff TBC**.
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- Casual clothing may be worn. A hat and sunscreen are essential.

Privacy Advice

- The information provided on this consent form by the parent or caregiver is being obtained for the purpose of conducting a school excursion detailed above.
- It will be used by the NSW Department of Education for seeking consent for the child to undertake activities within this excursion activity.
- Provision of this information is required by law / voluntary. It will be stored securely.
- You may correct any personal information provided at any time by contacting the School on 9829 9222.

.....
Mr David Coombes
Year 12 Advisor

.....
Ms M. Pham
Deputy Principal

✂*Please detach here...*

Consent

I hereby consent to Roll call _____ participation in an excursion to
(*Student's full name*)

Year 12 Picnic Day at Stuart Park, Wollongong on 24th September 2019. The excursion will depart from HAHS at 8:15am and return to HAHS at 2:50pm.

Return this note to: **front office box titled "Year 12 Picnic"**.

** Delete words not applicable*

Special Needs & Dietary Requirements (e.g. halal, vegetarian, dairy free)

Special needs of my child which you should be aware (e.g. allergies, medication – please provide full details):

I give permission for my child to receive medical treatment in case of emergency. **YES / NO** (*please circle*)

.....
Signature of Parent / Guardian

.....
Name of Parent / Guardian

.....
Date