



# Hurlstone Agricultural High School

Roy Watts Road  
GLENFIELD NSW 2167  
School email: [hurlstone-h.school@det.nsw.edu.au](mailto:hurlstone-h.school@det.nsw.edu.au)

Fax: 9829 2026  
Phone: 9829 9222

November 13, 2019

## EXCURSION CONSENT FORM

### Ethical leadership seminars Sydney Jewish Museum

Please complete and return this form to Mr Krishan in the Deputy Principal's office by 15/11/19.

Dear parent/guardian,

- Hurlstone Prefects and the SRC will be going on an excursion to the Sydney Jewish Museum on 18/11/19
- This excursion has been planned to supplement the following work being done in the classroom:  
Student Leadership
- The students will need to use a student Opal card.
- The class will depart from Horne Park at 8:15am and return to school at approx. 3:30pm.
- Travel will be by train. Students are advised to purchase their own Opal card for travel
- Accompanying staff are Mr. S.Seblani and Ms R.West
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- School uniform is to be worn to this excursion.

### 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 and Training 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 S.Seblani  
Head Teacher Welfare

.....  
Mr Krishan  
Deputy Principal

✂Please detach here...

### Consent

I hereby consent to .....of class ..... participation in an excursion to  
(Student's full name)

Ethical leadership seminars on 18/11/19. The excursion will depart from school at 8:15am and return to school at approx. 3:30pm.

Please return this note to: Mr Krishan's office

### Special Needs

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.  
I give permission for my child to be dismissed from the venue at conclusion of event

YES / NO (please circle)  
YES / NO (please circle)

.....  
Signature of Parent / Guardian

.....  
Name of Parent / Guardian

.....  
Date