



## 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

October 30, 2019

### EXCURSION CONSENT FORM

Please complete and return this form to **Ms W Cheng** by **Friday 15<sup>th</sup> November 2019**.

Dear parent/guardian,

- The Boys Knockout Volleyball team will be going on an excursion to to Genea Netball Centre, 2 Olympic Blvd, Sydney Olympic Park NSW 2127 on **Thursday 28<sup>th</sup> November 2019** for a Volleyball Gala Day competition.
- The duration of the event will be from 9.00 am to approximately 3.00 pm.
- Students are to make their own way to and from the venue directly. While at the venue, they will be supervised by Ms W. Cheng for the duration of the excursion.
- The cost of the excursion is **\$10.00** per student, to be paid to the School Accounts office by Monday 18<sup>th</sup> November 2019.
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- School sports 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.

.....  
Ms W Cheng  
Volleyball coach

.....  
Ms M Pham  
Rel. Deputy Principal

✂ Please detach here...

#### Consent

I hereby consent to ..... participating in the **Volleyball Gala Day Competition** at **Genea Netball Centre** on **Thursday 28<sup>th</sup> November 2019**.

☐ I understand that students will be making their own way to and from the venue directly, and will be supervised by Ms W Cheng at the venue. (Please tick)

Return this note to: **Ms W Cheng**

#### 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. **YES / NO** (please circle)

.....  
Signature of Parent / Guardian

.....  
Name of Parent / Guardian

.....  
Date