



# Hurlstone Agricultural High School

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October 25, 2019

## EXCURSION CONSENT FORM

Please complete and return this form to the front administration office by **Monday 11 November, 2019**.

Dear parent/guardian,

- Year 8 students will be going on an excursion to Luna Park Sydney on **Friday 29 November, 2019**.

- This excursion has been planned to supplement the following work being done in the classroom:

End of year event for year 8 cohort as part of the wellbeing calendar. Students will also conduct work relevant to the Stage 4 Mathematics outcome - communicates and connects mathematical ideas using appropriate terminology, diagrams and symbols.

- The cost of the excursion is \$ 30. Money paid to the register must be paid by **Monday 11 November, 2019**.
- Students will depart from school at **8:50am** and return to school at **3:00 pm**.
- Travel will be by **train**. Students will utilise their **personal Opal cards**.
- Accompanying staff are **Ms Sabah, Ms Tarannum and a selection of Year 8 teachers**.
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- Full 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 Ms Tarannum or Ms Sabah on 9829 9222.

**Ms Roxanne West**  
**HT Teacher Welfare**

Deputy Principal

*✂ Please detach here...*

### Consent

I hereby consent to ..... participation in an excursion to

*(Student's full name)*

**Luna Park, Milsons Point Sydney on Friday 29 November, 2019.** The excursion will depart from school at 8:50 am and return to school at 3:00 pm.

Return this note to: **the front administration office by Monday 11 November, 2019**

### 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