

Hurlstone Agricultural High School

Roy Watts Road 9829 2026 **GLENFIELD NSW 2167** Phone: 9829 9222

School email: hurlstone-h.school@det.nsw.edu.au February 17, 2020

EXCURSION CONSENT FORM

Please complete and return this form to M Hewett by 18/6/20.

Dear parent/guardian,

- Year 9 Japanese Major Students will be going on an excursion to The Japanese Language Centre on 2/7/20.
- This excursion has been planned to supplement the following work being done in the classroom: Using Japanese language in a natural environment
- The cost of the excursion is \$ 25.00. Money paid to the register must be paid by 18/6/20.
- The class will depart from Glenfield Station at 8.25am and return to Glenfield Station at 3.25pm.
- Travel will be by train- please note that they will need to use their own Opal Cards for this trip
- Accompanying staff are Mikala Hewett.
- 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.

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Signature of Parent / Guardian

, , , ,	s being obtained for the purpose of conducting a school excursion detailed above. cing consent for the child to undertake activities within this excursion activity.			
Provision of this information is required by law / voluntary. It will be stored	,			
You may correct any personal information provided at any time by contact	ing on 9829 9222.			
Mikala Hewett	Ann Young			
Japanese Teacher	Deputy Principal			
%Please detach here				
Consent				
I hereby consent to	participation in an excursion to			
(Student's full na	ame)			
	I depart from Glenfield Station at 8.25am and return to Glenfield t Hills Line. If you wish your child to make their own way home from u will need to hand in a note before the day of the excursion.			
Return this note to: M. Hewett by 18/6/20				
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)			

Name of Parent / Guardian

Date