

Hurlstone Agricultural High School

Roy Watts Road Fax: 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 **E.Eun** by 29/6/20.

Dear parent/guardian,

- Year 9 Minor Japanese will be going on an excursion to The Japanese Language Centre on 24th July 2020.
- 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 29/6/20.
- 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 is Esther Eun
- 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 cont	tacting on 9829 9222.
Esther Eun	Ann Young
Japanese Teacher	Deputy Principal
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Consent	
I hereby consent to	participation in an excursion to
(Student's full	Il name)

Japanese Language Centre Kirrawee on 24/7/20. The excursion will depart from Glenfield Station at 8.25am and return to Glenfield Station at 3.25pm. We will be travelling on the Airport / East Hills Line. If you wish your child to make their own way home from the city to get off the train at a station other than Glenfield, you will need to hand in a note before the day of the excursion.

Return this note to: Esther Eun by 29/6/20

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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				