



Hurlstone Agricultural High School

Roy Watts Road
GLENFIELD NSW 2167
School email: hurlstone-h.school@det.nsw.edu.au

Fax: 9829 2026
Phone: 9829 9222

February 17, 2020

EXCURSION CONSENT FORM

Please complete and return this form to **Mrs Hewett** by **31/7/20**.

Dear parent/guardian,

- Year 11 Japanese Continuers Students will be going on an excursion to The Japanese Language Centre on **14/8/20**.
- 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 **31/7/20**.
- The class will depart from **school** at **8.50am** and return to **school** at **2.55pm**.
- Travel will be by **Mikala Hewett's car**
- 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.

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.

.....
Mikala Hewett
Japanese Teacher

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Deputy Principal

✂ Please detach here...

Consent

I hereby consent to participation in an excursion to

(Student's full name)

Japanese Language Centre on 14/8/20. The excursion will depart from school at 8.50am and return to school at 2.55pm.
Travel will be by Mikala Hewett's car.

Return this note to: **Mrs Hewett by 31/7/20**

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)

.....
Signature of Parent / Guardian

.....
Name of Parent / Guardian

.....
Date