



# 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

February 3, 2020

## EXCURSION CONSENT FORM

Please complete and return this form to **Ms Eun** by **11<sup>th</sup> Feb 2020**.

Dear parent/guardian,

- Japanese Extension Class will be going on an excursion to Wenona School, North Sydney on **29<sup>th</sup> Feb 2020**.
- This excursion has been planned to supplement the following work being done in the classroom:  
Preparation for HSC
- The cost of the excursion is \$ **25.00**. Money paid to the register must be paid by **11<sup>th</sup> Feb 2018**.
- The class will meet at Wenona School (176 Walker St. North Sydney) at 8.20am
- Students will make their own way to the venue.
- The workshop begins at 8.50am and finishes at 1.30pm.
- Accompanying staff are **Ms Eun**.
- Contact number during the excursion is 9829 9222 (school hours) or 9829 9232 (Boarding School Duty Room after hours).
- If students are late or have troubles with travel they can contact Ms Eun. Contact number is provided to the students
- Neat casual clothing 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 Eun on 9829 9222.

.....  
**Ms Eun**  
**Japanese Teacher**

.....  
Ann Young  
Deputy Principal

*✂ Please detach here...*

### Consent

I hereby consent to ..... participation in an excursion to  
(*Student's full name*)

**Wenona School on 29<sup>th</sup> Feb 2020**. Students will make their own way to the venue and from the venue.

Return this note to: **Ms Eun by 11<sup>th</sup> Feb 2020**

### 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*