

Chifley College Dunheved Campus

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INFORMATION AND CONSENT FORM SOLID GROUND PROGRAM PERFORMANCES

Dear Parent or Caregiver

The school, in partnership with Carriageworks and Blacktown Arts Initiative, has arranged an excursion to NAIDOC at Chifley College Bidwill Campus on Thursday 27th June 2019. The students will observe performances to consolidate dance movements they are learning in the Dunheved Campus Aboriginal Dance Group.

THE FOLLOWING DETAILS RELATE TO THIS INCURSION

DATE OF EXCURSION: Thursday 27th June 2019
TIME: 11.20am – 1.30pm
WHERE: Chifley College Bidwill Campus, Bunya Road, Bidwill
TRANSPORT: Carriageworks bus
COST: N/A
FOOD: Sausage sizzle lunch will be provided, students are to bring their own water.
STAFF IN CHARGE: Kerry Burns

Students are to wear full school uniform including closed in shoes. Should any student not be dressed appropriately, they will not be allowed to attend.

Mrs J Ribeiro
Principal

Ms J Hughes
Acting Head Teacher
Community & Transition

Mrs K Burns
Aboriginal Education Officer

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EXCURSION CONSENT FORM - NAIDOC BIDWILL CAMPUS Return consent form to Kerry Burns by Wednesday 26th June

1. I hereby consent to _____ (student name) attending NAIDOC at Bidwill Campus to observe the Solid Ground Program performances on Thursday 27th June 2019.
2. I am aware that students will catch a bus provided by Carriageworks, departing from school at 11.20am and returning to school at 1.30pm.
YES / NO (please circle)
3. I am aware that the student is to catch up on all set class work from their normal timetabled class.
YES / NO (please circle)
4. I give permission for my child to receive medical treatment in case of emergency.
YES / NO (please circle)
5. Special needs of my child which you should be aware (e.g. allergies, medication - please provide full details): _____

Parent/caregiver: Name

Parent/caregiver: Signature Date:

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STUDENT DETAILS

Child's name:

Address:

Parent/caregiver contacts: Name Telephone

Name Telephone

Other Emergency contacts: Name Telephone

Name Telephone

Parent/caregiver: Signature Date: