



EXCURSION INFORMATION AND CONSENT FORM

Dear Parent or Caregiver

The school is arranging an excursion to Hoyts Mount Druitt to view 'Toy Story 4' (Rated G) on Wednesday 26th June, 2019. This excursion has been planned as part of a study of Film in Life Skills English.

THE FOLLOWING DETAILS RELATE TO THIS EXCURSION

DATE OF EXCURSION: Wednesday 26th June, 2019
TIME: Students will leave from school at approximately 9:00am and return to school by approximately 2:50pm
WHERE: Hoyts, Mount Druitt
TRANSPORT: Travel will be by bus/train/walk
COST: Students use their personal opal cards for train and bus travel \$9 for the movie ticket to be paid on the day at the venue
WHAT TO BRING: Students to supply their own food and drink. Students may purchase their lunch from the food court in the shopping centre
SUPERVISED BY: Mrs Fatiaki, Mrs Makhni, Ms Harrison, Ms Pollock, Mrs McAlary, Mrs Wensley and Mrs McQue
TEACHER IN CHARGE: Mrs Fatiaki, Mrs Makhni

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. If students have mobile phones, they are requested to bring them on the excursion as a means of maintaining contact with staff.

Mrs Jennifer Ribeiro
Principal

Mrs M Fatiaki
Head Teacher Support

Ms S R Harrison
Teacher/Coordinator

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CONSENT FORM TO HOYTS, MOUNT DRUITT

Return permission by Tuesday 25th June to Mrs Makhni or Mrs Fatiaki

1. I hereby consent to _____ (student name) participating in an excursion to Hoyts, Mount Druitt on Wednesday 26th June, 2019. **YES / NO (please circle)**
2. I understand that travel will be by public bus and train and students are to provide their own Opal Card. **YES / NO (please circle)**
3. I give permission for my child to receive medical treatment in case of emergency. **YES / NO (please circle)**
4. 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: Name Telephone.....

Name Telephone.....

Other Emergency contacts: Name Telephone.....

Name Telephone.....

Parent/caregiver: Signature Date: