



EXCURSION INFORMATION AND CONSENT FORM

Dear Parent or Caregiver

The school is arranging an excursion to Nurranginy Reserve, Doonside on Wednesday 27th March, 2019. This excursion has been planned as part of a study of Life Skills. As part of the transition to work program, students will be walking in the local community and accessing a local business to purchase an item.

THE FOLLOWING DETAILS RELATE TO THIS EXCURSION

DATE OF EXCURSION: Wednesday 27th March, 2019
TIME: Students will leave from school at approximately 9:00 am and return to school by approximately 2:30 pm
WHERE: Nurranginy Reserve, Doonside
TRANSPORT: Travel will be by bus/train/walk
COST: Students use their personal Opal cards for train and bus travel
\$5 lunch contribution to be paid on the day (pizzas will be ordered)
WHAT TO BRING: Morning tea, water bottle, hat
SUPERVISED BY: Mrs Fatiaki, Mrs Makhni, Ms Pollock, Mrs McAlary, Mrs Wensley and Mrs McQue
TEACHER IN CHARGE: Mrs Fatiaki

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

Mrs M Makhni
Teacher/Coordinator

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CONSENT FORM TO NURRANGINGY RESERVE, DOONSIDE ***Return permission by Tuesday, 26th March to Mrs Fatiaki or Mrs Makhni***

1. I hereby consent to _____ (student name) participating in an excursion to Nurranginy Reserve, Doonside on Wednesday 27th March, 2019. **YES / NO (please circle)**
2. I understand that students will travel by public transport and are to use their personal Opal cards. **YES / NO (please circle)**
3. I understand that \$5.00 lunch contribution is to be paid on the day. **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: Name Telephone.....

Name Telephone.....

Other Emergency contacts: Name Telephone.....

Name Telephone.....

Parent/caregiver: Signature Date: