

Rel. PRINCIPAL
Mr Nathan Lawler
BA, B.Ed



DEPUTY PRINCIPAL
Mr Mathew Finley B.Ed
Ms Mirjana Simic B.Ed(Hons)
LLB

Dear Parent/Caregiver,

NOTICE OF EXCURSION AND PERMISSION NOTE

An excursion has been arranged:

Name: SRC Leadership Retreat
To be held at (venue): Seaforth Community & Sporting Pavilion - Main Hall
Date/Time: Tuesday 24/05/2022 8:30am - 3:30pm
Cost: \$25.00
Transport: BUS OR PRIVATE CAR
Dress: PE UNIFORM
Food: N/A
Equipment: N/A
Additional Information: N/A
Teacher(s) in charge: Nicole Murray, Kerry Wallace, Nathan Lawler

If you would like your son/daughter to attend, please complete the Permission Note and return it to the office.

NO LATER THAN Friday 20th May 2022

Please note: As a representative of this school, each student's behaviour while attending the event, must be of the highest standard.

Nicole Murray
Organising Teacher

135 Frenchs Forest Road, Frenchs Forest NSW 2086 Phone: 02 9451 5111 Fax: 02 9975 3293
theforest-h.schools.nsw.gov.au

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Please complete and return to the office.

I hereby give consent to my son/daughter _____ Year _____ to attend the SRC Leadership Retreat.

I understand that the excursion is approved by the Principal and involves travel by BUS OR PRIVATE CAR.

I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

I give permission to use my child's photo for publicity purposes. I understand that this may involve publishing of photos on the school website.

My son/daughter has the following special needs (please provide full details and include any relevant medical issues)

I understand my child will receive medical treatment in the case of an emergency.

Parent/Caregiver Name: _____

Signature of Parent/Caregiver: _____ Date: _____

Parent/Caregiver's Emergency Contact Phone No: _____ (h) _____ (w)

ONLINE PAYMENT - OUR PREFERRED OPTION

On the front page of the school's website, click on \$ Make a Payment icon. Enter the students name and a description of the payment. Please write in the Receipt No. below and return this form to the school.

I have made an online payment. My receipt number is: _____

OR

Student Name: _____ Year: _____

I am paying \$ _____ by (please circle) cheque / cash