

**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:** Excursion to Japan Foundation and Harajuku Gyoza

**To be held at (venue):** JAPAN FOUNDATION, HARAJUKU GYOZA

**Date/Time:** Tuesday 18/10/2022 8:40am - 2:55pm

**Cost:** \$43.00

**Transport:** Bus to and from school.

**Dress:** School Uniform with comfortable shoes for walking.

**Food:** For lunch students will enjoy dumplings, karaage, edamame and lotus chips at Harajuku Gyoza Restaurant in Darling Harbour.

**Equipment:** Students to bring writing material.

**Additional Information:** N/A

**Teacher(s) in charge:** Yumi Watanabe, Tom Golanoski

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

**NO LATER THAN Friday 16th September  
2022**

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

Yumi Watanabe  
Organising Teacher

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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 Excursion to Japan Foundation and Harajuku Gyoza.

I understand that the excursion is approved by the Principal and involves travel by Bus to and from school..

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)

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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