

**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 INCURSION AND PERMISSION NOTE**

An incursion has been arranged:

**Name:** Bob Philpott Cup

**To be held at (venue):** The Forest High School Gym

**Date/Time:** Friday 23/09/2022 11:15am - 1:15pm

**Cost:** No cost

**Dress:** Change into uniforms at recess.

**Food:** N/A

**Equipment:** Students must bring all necessary equipment to play: shin pads, long socks etc.

**Additional Information:** N/A

**Teacher(s) in charge:** Hilary Dawson

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

**NO LATER THAN Wednesday 21st  
September 2022**

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

Hilary Dawson  
Organising Teacher

---

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

**Rel. PRINCIPAL**  
Mr Nathan Lawler  
BA, B.Ed



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

**Please complete and return to the office.**

I hereby give consent to my son/daughter \_\_\_\_\_ Year \_\_\_\_\_ to attend the Bob Philpott Cup.

I understand that the incursion is approved by the Principal.

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)

---

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