

Dear Parent/Caregiver,

NOTICE OF EXCURSION AND PERMISSION NOTE

An excursion has been arranged:

Name: Y10 Fitness Leader Ski Trip

To be held at (venue): Snowy Valley Motel, Jindabyne

Date/Time: Tuesday 01/08/2023 1:10pm - Friday 04/08/2023 10:00pm

Cost: \$980.00

Transport: Private bus transfer included in the excursion cost.

Dress: See clothing/equipment list attached.

Food: Food included in the cost, except Tuesday and Friday dinner (due to travel). Students are asked to bring money to purchase food during our rest stops on Tuesday and Friday.

Equipment: See clothing/equipment list attached.

Additional Information: N/A

Teacher(s) in charge: Bethany Sweeny, Lee Chaloner

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

NO LATER THAN N/A

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

Bethany Sweeny
Organising Teacher

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

PRINCIPAL
Mr Nathan Lawler



DEPUTY PRINCIPAL
Ms Kelly Johnson
Ms Mirjana Simic

Please complete and return to the office.

I hereby give consent to my son/daughter _____ Year _____ to attend the Y10 Fitness Leader Ski Trip.

I understand that the excursion is approved by the Principal and involves travel by Private bus transfer included in the excursion cost..

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

Please make payment via SchoolBytes link.

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

OR

Student Name: _____ Year: _____

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