EXCURSION FORM

K-6

Dear Parent/Carer,

Schools participate in excursions to enhance and support classroom studies. The class/group in which your child/ren participates will be going on an excursion to: **The Trip to the Tip**, on Wed. 10/6/15

Lismore Recycling + Recovery Centre

This excursion has been planned to supplement work being done in the following and has the approval of the Principal:

- English
- Human Society & Its Environment (HSIE)
- Creative Arts/Creative & Practical Arts
- Languages Other Than English (LOTE)
- Mathematics
- Personal Development/Health/Physical Education (PD/H/PE)
- Science/Science & Technology
- Technological & Applied Studies (TAS)

- The cost of the excursion is $nil.

- Travel will be by: Bus
- Walking
- Private Arrangement/Vehicle
- The students will depart from school/meet at venue at 9 am and finish return to the school by 3 pm
- The group will be supervised by: Angela, Mr Squires + Simon
- Additional Information:

Students will need the following items on this excursion:

**Clothing**

- School uniform
- Sunhat and sunscreen
- Waterproof clothing (eg raincoat, rain hat/umbrella)
- Warm clothing
- Change of clothing

**Food**

- Lunch and drink to be brought from home
- Cost of lunch is covered in the excursion
- Canteen will operate at the venue
- Cost of lunch is covered in the excursion
- Other

**THE COMPLETED PERMISSION NOTE IS A LEGAL REQUIREMENT FOR YOUR CHILD/REN TO ATTEND THIS EVENT OFF SCHOOL PREMISES. PLEASE KEEP TOP SECTION WITH DETAILS AND RETURN COMPLETED SECTION BELOW TO SCHOOL WITH PAYMENT BY: 10/6/15**

Signed: Principal

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Goonengerry Public School
Telephone: 6684 9134

**Excursion Permission Note**

I hereby consent to my child/children participating in an excursion to **The Trip to the Tip**, Lismore Recycling Centre on 10/6/15

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I enclose $____________ for the cost of the excursion.

- All students will be travelling by bus; OR
- My child/ren will be travelling with _______________; OR
- I am willing to take _______________ extra children to my own in my vehicle; OR
- My child/ren only will be travelling with my OR
- My child/ren will need transport.

Special needs of my child of which you should be aware (eg allergies, medication—please provide full details):

- Insect bites
- Dust
- Pollen
- Sun
- Other

- Medication (please state):

- Asthma
- Epilepsy
- Other (please state):

- Food requirements (please state):

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Signature: ________________________________ (Parent/Carer)  Date: ________________