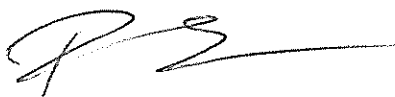


## Excursion INFORMATION

Please complete and return the attached consent form to the Mr Ellis by the Thursday 12 March.

Dear parent/guardian,

- The Girls Touch Football Team will be participating in round 1 of the Sydney Easy Touch Football Knockout at Sylvania High School on Friday 13 March 2020. Game will start at approximately 9am.
- The Girls Touch Football Team will need to make their own travel arrangements to Sylvania High School on Friday 13 March and meet Mr Ellis outside the Front gate on Bellingara Rd at 8:30am. Any students not able to get to Sylvania via own transport are to see Mr Ellis prior to Friday to make alternative arrangements for travel in a staff vehicle. At the completion of the game students will walk as a group to Miranda Train Station to catch a train to GyMEA and walk back to GyMEA Technology High School, returning to scheduled classes at the beginning of Period 4.
- Travel will be by walking and train under the supervision of Mr Ellis. *All students will require a prepaid opal card or cash to purchase a one-way ticket for the train journey.*
- Accompanying staff are: R.Ellis
- Students will be issued with a school jersey and may wear their sports uniform shorts or appropriate tights for the game. School Uniform is to be worn when returning to and at school following this excursion.
- The contact number during the excursion is 0403 869 998.



R.Ellis  
Coordinator



Mrs V.Koukoutaris  
Deputy Principal

# Permission Note for Girls Touch Football Rnd 1 on Friday 13 March 2020

Please complete and return this consent form to the Mr Ellis by the Thursday 12 March.

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## CONSENT

I hereby consent to ..... in Year ..... participation in an excursion to Sylvania High School on Friday 13 March 2020.

*I hereby consent to ..... in Year ..... travelling to Sylvania High School on Friday 13 March 2020 in a staff member's private vehicle.*

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## SPECIAL NEEDS

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

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## MEDICAL

I give permission for my child to receive medical treatment in case of emergency. YES / NO (please circle)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Date

### Privacy Advice

The information provided on this consent form by the parent or caregiver is being obtained for the purpose of conducting a school excursion detailed above. It will be used by the NSW Department of Education for seeking consent for the child to undertake activities within this excursion activity. Provision of this information is required by law / voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the school on 9521 3244