

SOUTH SYDNEY HIGH SCHOOL
EXCURSION/VARIATION OF ROUTINE

INFORMATION FOR PARENTS AND CAREGIVERS

Dear Parents/Caregivers,

Your child has been chosen to participate in the following event:

Title: **South Sydney High School- Athletics Carnival, 2019**

- Venue:** • Hensley Athletic Field
- Date:** • Friday 24th May
- Time:** • 9am to 3-3:30 pm
- Itinerary:** • Students will meet at the venue. All students will need to remain at the venue for the entire day. Students will be dismissed at the completion of the day from the venue.
- Cost:** • **\$5 to be paid at the gate**
- Travel arrangements:** • Students make own way to and from venue
- Supervision:** • All teachers will be present to supervise
- Uniform:** • House Colours: Banks = Red, Lawson = Green, Northcott = Yellow, Dutton = Blue
- Additional information:** • Students wishing to participate in the events on the day need to have pre-registered at school during Weeks 2 and 3.
- Students will need to present their permission slip on the day to the teacher marking their roll in order to be dismissed early in the event of the carnival being stopped due to bad weather

Principal

Head Teacher

Supervising Teacher

In the event of the carnival being cancelled on the morning of the carnival, an announcement will be posted on the school website and official Facebook page.

In this event, students will be expected to attend school as per their normal timetable for Friday Week B

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CONSENT FORM

Dear Parents/Caregivers,

Please return this form to _____ Roll Teacher _____ by _____ On the day of carnival _____
Name/ Title Date

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To be completed by the Parent/Caregiver.

STUDENT'S NAME _____
Given Family

- **Special needs** of my child of which you should be aware are

Medication (please state) _____

Asthma Epilepsy Anaphylaxis Other (please state)

If an emergency arose regarding this issue, what should the teacher do? _____

- **Allergies of which you need to be aware are** _____

Allergy to the following medication/s _____

Other _____

(Please include any dietary needs or medical procedures undertaken in the last 12 months.)

- The **emergency contact** number in relation to my child is _____
Telephone Number
- I understand that **no money will be refunded** if he/she is absent /or not allowed to attend because of unsatisfactory behaviour/ not allowed to attend because he/she is not dressed as required.
- I understand that the school recommends that each student should wear a **school hat** and **sunscreen** when outdoors and provide himself/herself with **water**.
- I give permission for the school to arrange medical assistance for my child if it is considered necessary by the organising teacher (please circle) **Yes** **No**

Signature of Parent/Caregiver _____ Date _____

If you have difficulty understanding this letter or would like further information, please ring the Telephone Interpreter Service on 131 450 and ask them to telephone the school on 9349 3868.