Hunter School of the Performing Arts
Day Trip School Excursion/Incursion Consent Form

Dear Parent/Caregiver, an excursion/activity has been organised for your child.

Excursion/Activity	AMT Mathematics Competition
Date(s)	30/07/2020 9:15am - 10:30am
Venue	In School
Students/Class	A range of year 7 - year 12 mathematics students
Cost of excursion	$6.50
Transport	N/A
Supervision	Ian Dunlop, Cassie Portelli
Please bring	Calculators are NOT allowed. Working paper is supplied. All working to be done with a B or 2B pencil
Students must wear	N/A
Food	N/A
Additional information	This is an optional incursion - If you do not return permission note and payment in time your student will not be included in this activity.

Ian Dunlop
Teacher in charge of excursion

Bree Harvey-Bice
Deputy Principal

Medical Disclaimer
Parents - please note there is no personal injury insurance cover provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, zone, area, and state school sport associations when deciding whether additional cover, above that provided by Medicare, is required. The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

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Excursion: AMT Mathematics Competition
Date: 30/07/2020 9:15am - 10:30am
Return this portion to the Front Office (7-12) by 02/07/2020

Payment
Code
330898

☐ I give permission for my child .... of Year .... to attend the excursion/activity above.

☐ My child's medical details have <u>NOT</u> changed since the enrolment form submitted at the start of the year **or:**

☐ My child's medical details <u>HAVE</u> changed since the enrolment form submitted at the start of the year. My child's updated medical details are attached. *Note: It is the responsibility of the parent/carer to notify the school when their child's medical details change.*

Payment Method *(Payment must accompany this permission form):*

   ☐ *Cash:* $ .... enclosed

   ☐ *Cheque:* Cheque enclosed for $ ....

   ☐ *Online:* Amount Paid: .... Receipt Number ....

Signed .... (Parent/Guardian) Date ....