

## Details of Incursion

Date: 13/06/2017

Dear Parents

As part of our school programme the following incursion has been planned. Please:

- **Read the details below and complete the attached form**
- **Return the consent form and cost by: 23/06/17**

REFERENCE NUMBER

**008**

<b>INCURSION</b>	<b>Koomurri- Aboriginal culture workshops</b>
<b>PURPOSE OF INCURSION</b>	Whole school celebration of NAIDOC week
<b>YEAR AND FORMS</b>	PP-6
<b>DAY and DATE</b>	Term 2 Week 10 – June 28 <sup>th</sup> 2017
<b>COST</b>	\$11.00
<b>Supervision</b>	Classroom Teachers

If you have any queries regarding this incursion, please contact your class teacher.

Teacher Signature \_\_\_\_\_ Registrar Signature \_\_\_\_\_

Principal Signature \_\_\_\_\_



## PARENT/GUARDIAN CONSENT

I am aware that accident or illness to my child are my responsibility and that school staff are not responsible for any loss or damage to my child's property that may occur during the course of the incursion.

I agree to inform the organisers before the scheduled incursion of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be necessary, school staff will arrange to present my child for medical assessment.

I have read and understood the attached information regarding the incursion and give my consent for:

Child's name \_\_\_\_\_ Form \_\_\_\_\_ Reference Number **008**

I have paid by DIRECT DEPOSIT- RECEIPT NUMBER \_\_\_\_\_

**ANZ BANK**                      **BSB 016485**    **ACCOUNT NUMBER 340967445**  
**REFERENCE**                      **CHILD'S SURNAME AND INITIAL AND REFERENCE NUMBER (see above)**

I have paid by CASH/CHEQUE I enclose \_\_\_\_\_

SIGNED PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_