



DEPARTMENT OF EDUCATION AND COMMUNITIES

BONNYRIGG HIGH SCHOOL

Partially Selective and Local Enrolments

Principal: M N Bryce: BA (Hons), Dip Ed., Med



I Shall Strive for the Best

Who: Boys Basketball Team (17s / 20s)

Why: National Sporting Competition

Date: 01/12/2018 – 06/12/2018

Departing School: 05:00am

Transport: School Mini Bus

Payment Due: Deposit - 09/09/2019, Final – 18/11/2019

Uniform: Full sports uniform required.

Where: Melbourne (See attached letter)

Back Up Date:

Returning to School: 7:00pm – 11.30pm (TBC)

Cost: \$400

Payment to be returned to: Front Office

Handwritten signature of Mr M Wright

Mr M Wright
Organising Teacher

Handwritten signature of Miss S Trees

Miss S Trees
Head Teacher PDHPE

Handwritten signature of Mr M N Bryce

Mr M N Bryce
Principal

Please note all school fees must be paid prior to any money being accepted for camps and jackets or any non-curriculum excursions. If payment is made online the permission note MUST be returned to school or the student will not be able to attend the excursion.

The information provided below is being obtained for the purpose of the safe conduct of the excursion. It will be used by the NSW Department of Education and Communities for contacting parents/guardians and for providing any medical assistance should it be required.

In the event of bad weather, the backup date will be used. Students will be advised of the change and no further note will be issued. Provision of this information is not required by law. It will be stored securely. If you do not provide all or any of this information then your child may not be able to take part in this excursion. You may correct any personal information provided at any time by contacting 02 9823 1184.

(Please complete, detach and return to school)
BONNYRIGG HIGH SCHOOL

I hereby consent to my son/daughter/ward of roll class participating in an excursion to National Basketball Competition at Melbourne on 01/12/2019 to 06/12/2019.

Medical Information: My child has the following medical condition or allergies:

.....
and is taking the following medication:

.....
Will this medication need to be taken during the excursion? Yes / No If yes, please provide details:

.....
Medical Assistance: I understand that the teacher in charge of the excursion will seek medical assistance for my child should he/she deem this necessary.

Excursion Conditions:

I understand that attendance on this excursion depends on:

1. Exemplary behaviour whilst on the excursion.
2. Full specified uniform being worn on the day of the excursion.
3. Full payment for the excursion by the date shown above.

While I appreciate, the efforts made by the school to minimise the possibility of injury, I understand that there will remain some degree of risk inherent in participation in sport/physical activity.

.....
Parent / Carer Signature

.....
Date

Contact Parent 1: Contact 2: Phone: 1.....2.....I
have made an online payment and my Receipt number is Date

Elizabeth Drive, Bonnyrigg NSW 2177 Phone: 9823 1184, 9823 1186 Fax: 9823 7662
Email: bonnyrigg-h.school@det.nsw.edu.au <mailto:bonnyrigg-h.school@det.nsw.edu.au> ABN 18 246 198 266