



I Shall Strive for the Best

DEPARTMENT OF EDUCATION AND COMMUNITIES

BONNYRIGG HIGH SCHOOL

Partially Selective and Local Enrolment

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



Who: WSW Cup Teams
Why: Preliminary Rounds
Date: 22/10/19
Departing School: 8.00am
Transport: Chartered Bus
Payment Due: Tuesday 20th Aug

Uniform: Full PE uniform required
Where: Christie Park, Macquarie Park
Day: Thursday
Returning to School: 3.30pm
Cost: \$15 (inc Bus and Entry fee)
Notes and Payment to be returned to: Front Office

Mr S Hanley
Organising Teacher

Miss S Trees
Head Teacher PDHPE

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 school sport.

The information provided below is being obtained for the purpose of the safe conduct of school sport. 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 students will not be travelling. Students will be advised of the change on the day. 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 school sport.

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 Western Sydney Wanderers Cup at Christie Park, Macquarie Park.

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
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