

WARNERS BAY



QUALITY EDUCATION FOR ALL

Excursion Letter to Parents/Caregivers

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

Excursion/Activity	Year 8 Focus Day	
Excursion Description	Focus Day for all of Year 8. This excursion is designed for students to experience a sense of belonging and connectedness that respects diversity and identity. It will also help Students have positive and respectful relationships with each other, their teachers and the commun	
Faculty	Welfare	
Date(s)	Friday 09/12/2022 7:15am - 5:30pm	
Venue	Raging Waters	
Students/Class	Year 8 Students	
Cost of excursion	\$70.00	
Transport	Students will be travelling by bus.	
Supervision	Renae Lewis, Teegan Ling, Michael Ryan, Benjamin Pickering, Elise Mercieca, Lisa Chawner, David McLennan, April Wilk, Steve Burtor Jason Moore	n,
Please bring	Please bring sunscreen, hat and towel.	
Students must wear	Please ensure that appropriate Sun safe swimwear is worn. Please also be mindful that some current swimwear fashions are not suitable for waterslides.	e
Food	Please bring water bottle. Food is available for purchase or can be brought by the student.	
Additional information	N/A	
other school activity. Parents and c sport associations when deciding w Government, covers any injury rest Note: Extra/co-curricular excursion school expectations for participation	Teacher in charge Principal Teacher in charge Principal Teacher in charge Principal Teacher in charge Principal Teacher in charge Teacher in charge Principal Teacher in charge Teacher in char	N
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Excursion: Year 8 Focu Date: Friday 09/12/2022 Return this portion to the		
☐ I give permission for my child	of Year to attend the excursion/activity above.	
My child's medical details have	ve NOT changed.	
☐ My child's medical details HA when their child's medical det	VE changed. My child's updated medical details are attached. Note: It is the responsibility of the parent/caregiver to notify the school rails change.	Į.
Education's policies and proced	/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of ures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event if displaying any symptoms of illness, and/or if directed to isolate under public health orders.	ent. I
Payment Method (Payment mo	ust accompany this permission form):	
Cash / Cheque:\$	enclosed	
Signed	(Parent/Caregiver) Date	