

## 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	Warners Bay High School Annual Swimming Carnival 2024		
Excursion Description	Annual Swimming Carnival 2024 - Wallsend Swimming Pool		
Faculty	PDHPE		
Date(s)	Wednesday 07/02/2024 9:00am - 2:30pm		
Venue	Wallsend Swimming Centre		
Students/Class	All students 7-12 (2024)		
Cost of excursion	\$17.00		
Transport	Students need to arrive at school by 9.00am, which means they will still be able to catch their normal buses to school. The students will be transported to and from the venue by buses. Students will return by 3:10pm.		
Supervision	Nick Farrar		
Please bring	Please bring water bottle, hat, sunscreen and insect repellant.		
Students must wear	Students are to wear full sport uniform and are encouraged to wear appropriate clothing to represent their house colours. Houses are: A-E Gelfius (Red); F-K Phillips (Blue); L-P Speers (Yellow); and R-Z Warners (Green). NO streamers or hair dye.		
Food	Canteen facilities will be available at some stages throughout the day.		
Additional information	N/A		
	<u>Nick Farrar</u> Teacher in charge	<u>Marcus Neale</u> Principal	Male
other school activity. Parents and ca sport associations when deciding w Government, covers any injury resu <b>Note:</b> Extra/co-curricular excursions school expectations for participation	ury insurance cover provided by the NSW Department of E aregivers are advised to assess the level and extent of the hether additional cover, above that provided by Medicare, Ilting in the permanent loss of a prescribed faculty or the us s/activities are a privilege which provide students with an o n in learning and/or behaviour may not be allowed to partic	ir child's involvement in the sport program offered b is required. The NSW Supplementary Sporting Inju se of some prescribed part of the body. pportunity to further develop knowledge and skills I	by the school, zone, area, and state school ries Benefits Scheme, funded by the NSW earnt in class. Students who do not meet with ncipal.
Evauraiani Warnara Pay	√ High School Annual Swimming Carnival 2	2004	<b>Faculty</b> : PDHPE
Date: Wednesday 07/02/		.024	Cost of Excursion: \$17.00
☐ I give permission for my child		of Year to attend the excursion/activit	y above.
My child's medical details have	ve <b>NOT</b> changed.		
My child's medical details HA when their child's medical details	VE changed. My child's updated medical details are a ails change.	ttached.Note: It is the responsibility of the p	arent/caregiver to notify the school
Payment Method (Payment mu	ıst accompany this permission form):		
Cash / Cheque:\$	enclosed Online payment: Amount paid: \$	Receipt number	
Signed	(Parent/Caregiver) Date		