



# WARNER'S BAY HIGH SCHOOL



QUALITY EDUCATION FOR ALL

## Excursion Letter to Parents/Caregivers

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

Excursion/Activity	BOCCIA Competition
Excursion Description	Students from the All Stars Hub will be participating in a Boccia Competition at Newcastle Basketball Stadium.
Faculty	Inclusive Education
Date(s)	Friday 16/05/2025 9:00am - 3:00pm
Venue	Broadmeadow Basketball Stadium
Students/Class	4 Students from All Stars
Cost of excursion	Nil cost to students
Transport	Students will be transported to and from the venue by the Head Teacher.
Supervision	Nicole Young, Kristy Ball
Please bring	N/A
Students must wear	Full School Sports Uniform
Food	Please bring recess and lunch. Please bring water bottle. May be able to purchase snacks from the canteen.
Additional information	N/A

Nicole Young  
Teacher in charge

Marcus Neale  
Principal

### Accident Insurance Information

In the event of injury, no accident or medical insurance cover is provided by the NSW Government Treasury Managed Fund for students participating in school sporting activities, physical education lessons or any other school endorsed activity, unless there is a breach of duty of care by department or school staff. The NSW Department of Education is insured to meet the financial impact of any legal liabilities arising from its activities. It does not provide, nor has it ever provided, accident or medical insurance for students enrolled in government schools.

**Note:** Co-curricular excursions and school representation are a privilege which provide students with an opportunity to further develop knowledge and skills learnt in class. Students who do not comply with school expectations for participation in learning, uniform and/or behaviour may not be allowed to participate in such activities. Attendance will be at the discretion of the Principal.



**Excursion:** BOCCIA Competition

**Date:** Friday 16/05/2025 9:00am - 3:00pm

Return this portion to the class teacher by Wednesday 14 May 2025

**Faculty:** Inclusive Education

**Cost of Excursion:** Nil cost to students

☐ I give permission for my child ..... of Year ..... to attend the excursion/activity above.

☐ My child's medical details have **NOT** changed.

☐ My child's medical details **HAVE** changed. My child's updated medical details are attached. **Note: It is the responsibility of the parent/caregiver to notify the school when their child's medical details change.**

Signed ..... (Parent/Caregiver) Date .....