



EXCURSION NOTE

Excursion:	School Athletics Carnival	Maximum # of students:	All
Subject / Purpose:	Athletics Carnival	Grade:	All
Venue:	Olympic Park, Homebush	Date:	10 May 2022
Departure time:	8:45am	Return time:	3:00pm
Students will depart from:	School	Students will return to:	School
Travel/transport will be by:	Bus		
Dress requirements:	Full sports uniform – Students may change into house colours on arrival		
Cost: NON-refundable	\$20 (via Trybooking.com)	Payment due by:	8 May 2022
Supervising teacher/s:	All GHS staff will be in attendance		

Dear Parent/Caregiver,

We are very excited for students to attend the Glenwood High School, 2022 Athletics Carnival. We will again be holding the carnival at Olympic Park, Homebush - Athletics Precinct. This is a first-class athletics facility for both competitors and spectators, with the all-weather track ensuring the event will continue, even if rain intervenes.

The athletics carnival is a compulsory school event and all students are expected to attend and support their house as best they can. There will be no classes being undertaken at the school on this day. If any students do not wish to participate in the various athletic and novelty events, they can still show support by wearing house colours and cheering their team mates on throughout the day. Student helpers are also required at each event to assist teachers on the day.

Please make payment via <https://www.trybooking.com/BXOBY> (NOT via the school website or front office)

Sheridan Southall
Head Teacher

Steve Fenech
Deputy Principal

EXCURSION TO ATHLETIC CARNIVAL PERMISSION NOTE / MEDICAL INFORMATION

I do / do not consent to my child _____ participating in an excursion to
Athletics Carnival on **10th May 2022**

I understand and agree to the requirements and arrangements as stated on the excursion note.

Special needs, allergies or medical condition/s that the school should be aware of:

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Has the school been provided with an individual health plan or emergency response plan for this condition? YES / NO
I give / do not give permission for my child to receive medical treatment in case of emergency.

Medicare No:	Expiry Date:	Card Reference No:
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Parent/carer's signature: Date:
Parent/carer's email: Phone number: