



EXCURSION NOTE

Excursion:	Muru Mittigar Botanical excursion	Maximum # of students:	30
Subject / Purpose:	Impact program and Aboriginal Education	Grade:	all
Venue:	Muru Mittigar, Rouse Hill	Date:	23 rd March 2020
Departure time:	9.30am	Return time:	2.30pm
Students will depart from:	GHS	Students will return to:	GHS
Travel/transport will be by:	Chartered Bus		
Dress requirements:	Full sports uniform (students will be actively moving around)		
Cost: NON-refundable	\$0 subsidised by the school	Payment due by:	NO PAYMENT
Supervising teacher/s:	Ms C. Jones, Ms C. Votano, Mr O. Gumus		

Dear Parent/Carer,

An excursion has been organised to support the following work being completed at school:

As part of the development for the Aboriginal gardens at GHS, students who identify as Indigenous and students who are in the impact program, will participate in a range of workshops about Dharug culture and native plants. Students will participate in cultural talks, bush tucker classes, boomerang throwing and understanding artefacts. The excursion will finish after the Monday 2.10pm School finishing time and students will be required to make their way home from school at 2.30pm

Please note that there may be a maximum number of students who may attend this event (see above). The signed permission note must be returned to Miss Votano or Miss Jones as soon as possible. We strongly encourage your child to attend this activity, as it will be a positive and valuable learning experience.

Sonja Anderson
Principal
Date:

Chelsea Votano
Aboriginal Education

Corrine Jones
Careers advisor

EXCURSION TO Muru Mittigar PERMISSION NOTE / MEDICAL INFORMATION

I do / do not consent to my child _____ participating in an excursion to
Muru Mittigar Botanical excursion _____ on **23rd March (I am aware of altered finish to school time of 2.30pm)**

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: