



# ORANGE EAST PUBLIC SCHOOL

## Educational Excursion – Parent/Guardian Information and Consent Form

Your son/daughter will be going on an excursion.

<b>To:</b>	Cross Country @ Elephant Park
<b>Date/s:</b>	Wednesday 11 <sup>th</sup> April 2018

<b>Unit title and anticipated outcomes:</b>	<b>SPORT – OEPS Cross Country for students aged 8 years and all students in Years 3-6</b>	
<b>Cost of Excursion</b>	\$2:50	<i>Payment to be made to Front office by 3.30pm Date: Monday 9<sup>th</sup> April</i>
<b>Departing from:</b>	OEPS	<b>At: Time:</b> 11:30am
<b>Returning to:</b>	OEPS	<b>At: Time:</b> 1:30pm
<b>Travel will be by:</b>	Bus	
<b>Group will be supervised by:</b>	Mr Bourke, Miss Croker, Mrs Press, Miss Scott, Mr Neal, Miss Wyatt, Ms Hay, Mrs McKay, Mrs Leahey, Mrs Sweeting, Mrs Maclean, Mrs Gold	
<b>Excursion Limit (if applicable)</b>	n/a	
<b>Dress/ Additional Information</b>	Sports uniform, hat, sunscreen, jacket if it’s cold, water bottle, asthma puffer (if required). Students will have recess at school, then leave for Elephant Park at 11.30am and have lunch at school on their return at 1.30pm.	
<b>School phone number:</b>	6362 7464	

Glen Bourke  
Principal

*Please complete the section below and return with your payment to school by: Monday 9<sup>th</sup> April, 2018*

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### PERMISSION NOTE CROSS COUNTRY EXCURSION

I give permission for my son/daughter \_\_\_\_\_ of class \_\_\_\_\_ to attend the excursion to the OEPS Cross Country at Elephant Park on Wednesday 11<sup>th</sup> April, 2018. I understand travel will be by bus and enclose \$2.50 to cover bus travel. My child has the following special needs (please provide details and include any relevant medical details if they have changed since the medical information form went home earlier in the year.

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I give permission for my child to receive medical treatment in case of emergency.

Signed: .....(Parent/Carer)

Date: .....