

**STUDENT INFORMATION FORM – EXCURSION / SCHOOL ACTIVITY**

Dear Parent/Care provider,

The Principal has approved the following activity as a part of the schools extracurricular learning activities. Students are reminded that at all school activities, they are required to follow the Galston High Schools Code of Conduct.

- **Date: Friday 8th September 2023**
- **Subject/class/year group: Year 8 and Junior Hub**
- **Venue & Event: Galston High School**
- **Purpose/description: To allow students to participate in Bringing Medieval Society Alive**
- **Mode of transportation: NA - In school performance**
- **Time: Period 3 and 4**
- **Cost: \$15.00**
- **Final date for payment: Friday 1st September 2023**
- **Uniform: Full School Uniform**

**Non-compulsory excursions** – students who do not exemplify our core values of respect, responsibility and personal best in all settings, may not be allowed to attend excursions at the discretion of the Head Teacher of faculties. Students who are on a level 3 with the Deputy Principal may have participation in these activities negotiated as a part of their return to school/class.

**Please note** – the onus is on the student to ensure that they catch up on any work and collect any homework, assessments etc missed as a result of participating in this activity.

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*(Please detach and return with payment to the Fees Office by Friday 1st September 2023)  
Payments can be made online via the School Bytes Parent Portal.  
Under no circumstances will such money be accepted after that date.  
The Fees Office is open before school from 8:15am, at recess and during first half of lunch.*

**PERMISSION NOTE**

**Student's Name:** \_\_\_\_\_ **Roll Class:** \_\_\_\_\_

I have read the information about the excursion to Galston High School for Year 8 on Friday 8th September 2023. To allow students to participate in Bringing Medieval Society Alive.

\* I consent / do not consent to my son/daughter participating in the excursion. *(Cross out whichever does not apply)*

\* I enclose / do not enclose payment of \$15.00. *(Cross out whichever does not apply)*

\* My son / daughter has the following special needs (please provide full details and include any relevant medical details)

\_\_\_\_\_  
\_\_\_\_\_

\* I give / do not give permission for my child to receive medical treatment in case of emergency.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Online Receipt No:** \_\_\_\_\_