



403 Galston Road, Galston 2159

Telephone: 9651 2222

Email: galston-h.school@det.nsw.edu.au

Office Hours: 8:30am – 3:15pm

Principal: Mrs K Shepherd

**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: Various - fortnightly**
- **Subject/class/year group: Hub 1, 2, 3 & 4**
- **Venue & Event: Greater Sydney and surrounds**
- **Purpose/description: Community participation to assist students in meeting course outcomes as well as developing independent living and social skills**
- **Mode of transportation: Train students to catch bus from school to train station and walking to venue**
- **Time of departure: 8:50am**
- **Anticipated time of return: 3:00pm**
- **Cost without companion card: \$35.00 to the fees office per term plus \$15.00 cash (in an envelope) to the fees office when requested by teacher**  
**OR**  
**Cost with companion card: \$15.00 per term to the fees office plus \$15.00 cash (in an envelope) when requested by teacher**
- **Final date for payment: Week 2 of each term**
- **Uniform: Full School Uniform**

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*(Please detach and return with payment to the Fees Office by Week 2 of each term)*  
**Payments can be made online via the GHS website – Make a payment tab.**  
**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 Greater Sydney and surrounds for Hub 1, 2, 3 & 4 on Various - fortnightly.

- \* 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 **\$35.00 to the fees office per term plus \$15.00 cash to the fees office when requested by teacher or \$15.00 per term to the fees office plus \$15.00 cash when requested by teacher if student has a Companion Card**
- \* 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:** \_\_\_\_\_