

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: Friday 1st September 2023
- Subject/class/year group: Year 9 Elective History
- Venue & Event: Macquarie University
- Purpose/description: To allow students to participate in a workshop and tour
- Mode of transportation: Students to meet teacher at Metro Train. Parents responsible for student transport to and from the Metro Train
- Time of departure: 8:50am
- Anticipated time of return: 3:00pm
- Cost: \$35.00
- Final date for payment: Friday 18th August 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.

(Please detach and return with payment to the Fees Office by Friday 18th August 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 Macquarie University for Year 9 Elective History or Friday 1st September 2023 to To allow students to participate in a workshop and tour.	
* I consent / do not consent to my son/daughter particip not apply) * I enclose / do not enclose payment of \$35.00. (Cross * My son / daughter has the following special needs (pl medical details)	out whichever does not apply)
* I give / do not give permission for my child to receive	medical treatment in case of emergency.
Parent / Guardian Signature:	Date:
Online Receipt No:	