



Manilla Central School

Postal Address: PO Box 187 MANILLA 2346

High School
Wilga Ave MANILLA 2346
Phone: 6785 1184
Fax: 6785 2138

Primary School
Court St MANILLA 2346
Phone: 6785 1599
Fax: 6785 1705



Dear parent/carer

Your child has been invited to attend an excursion to **Borah Crossing** at **Manilla** on **Friday 24th November 2023**.

This excursion has been planned **Cultural** curriculum learning area.

The excursion will cost **\$0**. This excursion is being funded by The Yawiriawiri Murri Ganuur Descendants Aboriginal Corporation.

Stage 4 (years 7 and 8)

The students will depart from **Manilla Central School** at **8:55am** and return at **11:20am**.

Stage 5 (years 9 and 10)

The students will depart from **Manilla Central School** at **11:30am** and return at **1:15pm**.

Travel will be by **Bus**.

The students will be supervised by staff members **Stage 4 - Mr Connors and Mr Smith**

Stage 5 - Mr Rowe and Ms Nielsen

Students will need the following items on this excursion:

- sunhat and sunscreen
- water bottle
- school uniform with long pants and enclosed shoes
- morning tea is provided

Additional Information

The Yawiriawiri Murri Ganuur Descendants Aboriginal Corporation (based near Gunnedah) were awarded a grant to revitalise the former Aboriginal camp and ceremonial site at Borah Crossing. They have done extensive work within the reserve to protect the cultural and heritage aspects. The group invites Manilla Central School to the site for a tour and education.

Please note there are no bathroom facilities at Borah Crossing.

Representing Manilla Central School is an important responsibility and a privilege. The attached "Behaviour code for students" is designed to provide guidance relating to the behaviours expected of a representative of our school.

Students **may** bring mobile phones on the excursion and are required to comply with our Yondr Mobile Phone Policy. Manilla Central School takes no responsibility for any loss or damage.

Privacy advice

The NSW Department of Education is collecting the information requested on this form. The information is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Manilla Central School.

The school will use this information to plan, support students, and minimise risks when conducting the school excursions or other related school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in planning or delivering the excursion, sporting or other school activity; and persons that may be called on to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is voluntary, however, if you do not provide all or any of the information requested, your child cannot participate in the excursion. In such circumstances, the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office on 67851184.

Rachael Ferguson
Relieving Principal
Date: 16/11/2023

Nicole Todd (rel. AEO)
Coordinator

Please complete the attached consent and return to **the office** by **Wednesday 22/11/2023**.



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Manilla Central School Excursion Consent Form

I consent to (student name) _____ of year _____
participating in an excursion to **Borah Crossing** at **Manilla** on **Friday 24th November 2023**.

Please tick

Medical Information Form (attached) is completed

Behaviour code for students (attached) has been read and understood

I consent to my child receiving medical treatment in the case of an emergency

Parent/Carer full name: _____

Parent/Carer signature: _____ Date: _____