



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 selected to attend an excursion to **Northern Schools Steer Comp at Armidale Showground** on **Tuesday 21st of November** to **Thursday 23rd of November 2023**

This excursion has been planned for **Agriculture**.

The excursion will cost **\$20.00**

The class will depart from **MCS Tuesday 21st of November** at **1pm**

The students will return to **MCS Thursday 23rd of November** at **4pm**

Travel will be by **Private vehicle**

The students will be supervised by staff members **Justin Connors & Deb Snayth (Macintyre High School)**

Students will need the following items on this excursion:

- Bedding – Swag, sleeping bag & pillow
- Canteen and food shops available
- Wash clothes & Parading clothes
- Overnight clothes
- Toiletries
- Boots/Hat/Jeans etc

Overnight excursion advice

Accommodation will be at **Camping at Armidale Showground**

Travel will be by **private vehicles**.

The group will be supervised by **Justin Connors & Deb Snayth (Macintyre High School)**

In the event of an emergency during school hours, please contact the school on 6785 1184. If it is after hours, please phone **0436 620 574 (Secondary)**.

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

Justin Connors

Coordinator

Please complete the attached consent and return to **the office** by **Monday the 21st of November 2023**



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Manilla Central School Excursion Consent Form

I consent to (student name) _____ of year _____
participating in an excursion to **Northern Schools Steer Comp at Armidale Showground**
on **Tuesday the 21st of November to Thursday the 23rd of November 2023.**

Please tick

Medical Information Form (attached) is completed

I understand that my son/daughter will stay overnight at Armidale Showground

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

Payments can be made via the Parent Portal or from the payment request sent to you via email:

Enclosed is **\$20.00** for the above excursion – please pay to the office

OR

I have made an online payment for **\$20.00** via Parent Portal

My **receipt number** is _____ Date: _____

Parent/Carer full name: _____

Parent/Carer signature: _____ Date: _____