



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 expressed an interest to play netball at the **Netball NSW Schools Cup Carnival at Tamworth Sports Dome Netball Courts on Tuesday, 16th May, 2023**. Positions in both teams will be filled on a "first in" basis upon handing in permission note and money.

The excursion will cost \$5.00 which will cover **entry fee (the cost of bus travel will be subsidised by the school)**.

Travel will be by bus departing from **school at 8.00am** and returning to **school at 3.30pm (after school buses)**

The students will be supervised by staff member, **Mrs Heidi Hawley**.

Students will need the following items on this excursion: sports uniform, school hat, packed lunch, snacks, drink bottle and sunscreen.

In the event of an emergency during school hours, please contact the school on 6785 1184.

Representing Manilla Central School is an important responsibility and a privilege. The "Sporting Code of Conduct" is designed to provide guidance relating to the behaviours expected of a representative of our school. Please read and sign the attached Code of Conduct.

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.

Yours faithfully,

Rachel Ferguson
Relieving Principal
Date: 9th May, 2023

Heidi Hawley
Coordinator

Please complete the attached consent and return to **the office by 15th May, 2023**.

ABN 18 246 198 266



NSW
GOVERNMENT

Education

Relieving Principal: Rachael Ferguson

Manilla Central School Excursion Consent Form

I consent to (student name) _____ participating in an excursion to **Netball NSW Schools Cup Carnival** at the **Tamworth Sports Dome Netball Courts** on **Tuesday, 16th May, 2023**.

Please tick

Medical Information Form (attached) is completed

Sporting Code of Conduct (attached) is completed

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

Credit card payments can now be made online at <https://manilla-c.schools.nsw.gov.au/>. Click on the *Make a Payment tab* and follow the prompts. Please use "**Netball NSW Schools Cup Carnival**" as the payment description.

Enclosed is **\$5.00** for the above excursion – please pay to the office

OR

I have made an online payment for **\$5.00** via the Manilla Central School website.

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

Parent/Carer full name: _____

Parent/Carer signature: _____ Date: _____