



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 **Sporting Schools Basketball Workshop** at **Tamworth Sports Dome** on **Thursday 22nd June 2023**.

This excursion has been planned for **PDHPE/Wellbeing** curriculum learning areas

The excursion will cost **\$0**

The students will depart from **Manilla Central School** at **10:00am**

The students will return to **Manilla Central School** at **3:00pm**

Travel will be by **bus**

The students will be supervised by staff members **Miss Chloe Shultz (SSO) & classroom teachers**

Students will need the following items on this excursion:

- Sports Uniform
- Packed lunch and water

Additional Information

Students will get to participate in a basketball workshop on a professional court with qualified coaches.

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.

Sporting Excursion

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.

Rachael Ferguson
Relieving Principal
Date: 17th May 2023

Miss Chloe Shultz
Coordinator

Please complete the attached consent and return to **the office** by **Monday 19th June 2023**



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



Manilla Central School Excursion Consent Form

I consent to (student name) _____ of year _____
participating in an excursion to **Sporting Schools Basketball Workshop** at **Tamworth Sports Dome** on **Thursday 22nd June 2023** from **10:00am** til **3:00pm**.

Please tick

- Medical Information Form (attached) is completed
- Sporting Code of Conduct (attached) is completed
- I understand that my son/daughter will travel by bus
- I consent to my child receiving medical treatment in the case of an emergency

Parent/Carer full name: _____

Parent/Carer signature: _____ Date: _____