



# 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 **State Central Schools Netball at Dubbo** on **Wednesday 30/08/2023** to **Friday 01/09/2023**.

This excursion has been planned for

The excursion will cost **\$0**

The class will depart from **MCS** at **12:00pm**.

The students will return to **MCS** at **5:00pm**.

Travel will be by **Bus**.

The students will be supervised by staff members **Miss Nott, Mrs Ferguson & Mrs Daley**

Students will need the following items on this excursion:

- sunhat and sunscreen.
- food will be provided for each competition day.
- please bring money for dinners.
- school sports uniform.

## Overnight excursion advice

Accommodation will be at **Dubbo Discovery Park**.

Travel will be by **Bus**

The group will be supervised by **Alyssa Nott, Rachael Ferguson & Shona Daley**

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)**.

**We will be adhering to Netball NSW Codes of Behaviour Policy attached.**

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. Please ensure your child also reads and signs the 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: 14/08/2023

Alyssa Nott  
Coordinator

Please complete the attached consent and return to **the office** by **25/08/2023**



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## Manilla Central School Excursion Consent Form

I consent to (student name) \_\_\_\_\_ of year \_\_\_\_\_  
participating in an excursion to **State Central Schools Netball** at **Dubbo** from **Wednesday  
30<sup>th</sup> of August, 2023 at 12.00pm to Friday 1<sup>st</sup> September, 2023 at 5:00pm.**

Please tick

Medical Information Form (attached) is completed

Sporting Code of Conduct (attached) is completed

I understand that my son/daughter will stay overnight at Dubbo Discovery Park

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

Parent/Carer full name: \_\_\_\_\_

Parent/Carer signature: \_\_\_\_\_ Date: \_\_\_\_\_