



# 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 for **Stage 6 Biology (Year 11) Field Study at Warrabah National Park on Tuesday 5<sup>th</sup> March 2024.**

This excursion has been planned for **Biology** curriculum learning area.

The excursion will cost **\$0**

The class will depart from **Manilla Central School at 9:10am**

The students will return to **Manilla Central School by 3:20pm**

Travel will be by **private vehicle driven by Mrs Lawrence**

The students will be supervised by staff members **Mrs Lawrence and Mrs Chapman**

Students will need the following items on this excursion:

- Adequate water
- Morning tea & lunch (there are no facilities at the National Park)
- Sun safe PPE, hat & sunscreen
- Students are to wear old clothes with long sleeves & enclosed footwear

## Additional Information

Students will be performing measurements on the local ecosystem at Warrabah as part of their formal assessment task.

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. However, the Warrabah National Park is outside the regular mobile phone network; students' personal phones will be out of reception.

There will be a National Parks officer as a contact point for emergency communications. In the event of an emergency during school hours, please contact the school on 6785 1184.

## 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.

Mr Shane Kelly  
Principal  
Date: 8<sup>th</sup> February 2024

Mrs Ariana Lawrence  
Coordinator

Please complete the attached consent and return to **the office** by **Friday 1<sup>st</sup> March 2024**.

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## Manilla Central School Excursion Consent Form

I consent to (student name) \_\_\_\_\_ of year \_\_\_\_\_  
participating in an excursion for **Stage 6 Biology (Year 11) Field Study** at **Warrabah  
National Park** on **Tuesday 5<sup>th</sup> March 2024** from **9:10 am – 3:20 pm**.

Please tick

Medical Information Form (attached) is completed

I understand that travel will be by private car with either Mrs Lawrence or Mrs Cowell

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

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

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