



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

none: 6785 1599 ax: 6785 1705



Dear parent/carer

Your child has been selected to participate in the Country Schools Chess Competition – Manilla v Quirindi at Quirindi High School on Friday 13th June 2025.

This excursion has been planned for Sport.

The excursion will cost \$0.

The students will depart from Manilla Central School at 9:00am.

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

Travel will be by private vehicle with Mr Galloway.

The students will be supervised by staff member Mr Galloway.

Students will need the following items on this excursion:

- school uniform
- snacks, lunch and drink to be brought from home.

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.

| Shane Kelly | James Galloway | | | |
|--|---|-------------|--|--|
| Mr Shane Kelly Principal Date: 26/05/2025 | Mr James Galloway Coordinator | | | |
| Please complete the attached consent and re | eturn to the office by Friday 6th June | 2025 | | |
| * | | | | |
| | | | | |
| Manilla C | entral School | | | |
| Excursion | Consent Form | | | |
| I consent to (student name) of y | | | | |
| participating in the Country Schools Ches | s Competition – Manilla v Quirindi | at Quirindi | | |
| High School on Friday 13th June 2025. | | | | |
| | | | | |
| | Ple | ease tick | | |
| Medical Information Form (attached) is compared to the compare | pleted | | | |
| I consent to my child being transported via p | private car with teacher | | | |
| I consent to my child receiving medical treat | ment in the case of an emergency | | | |
| | | | | |
| Parent/Carer full name: | | | | |
| | | | | |
| Parent/Carer signature: | Date: | 1) | | |

Behaviour code for students

Information for students and parents or carers

NSW public schools are committed to providing safe, supportive, and responsive learning environments for everyone across a range of settings. We teach and model the inclusive and safe behaviours we value in our students.

In NSW public schools students are expected, to the best of their ability, to:

- show respect to other students, their teachers and school staff and community members
- follow school and class rules and follow the directions of their teachers
- · strive for the highest standards in learning
- act in a courteous and respectful way that makes all members of the school community feel valued, included and supported
- · resolve conflict respectfully, calmly and fairly
- meet the school's agreed uniform policy or dress code
- · attend school every day (unless legally excused)
- · respect all property
- be safe and not be violent or bring weapons, illegal drugs, alcohol, vapes, e-cigarettes or tobacco into our schools
- not bully, harass, intimidate, or discriminate against anyone in our schools.

Schools take action in response to behaviour that is detrimental to self or others or to the achievement of high-quality teaching and learning.

All students have a right to:

- safety at school
- · access and fully participate in their learning
- be treated with respect by other students, teachers and school staff
- express their views, set goals and self-advocate.

The principal and school staff, using their professional judgment, are best placed to maintain discipline and provide safe, supportive and responsive learning environments and apply an appropriate action when students are not meeting these expectations.

The department is responsible for the provision of a policy framework and resources such as legal issues bulletins, access to specialist advice, and professional learning to guide principals and their staff in exercising their professional judgment.

In this context, the NSW Government and the Department of Education will back the authority and judgment of principals and school staff at the local level.

Behaviour code for students: Student actions

Promoting the inclusion, learning, wellbeing, and safety of all students in NSW public schools is a high priority for the Department of Education.

We implement teaching and learning approaches across a range of settings to support the development of skills needed by students to meet our high standards for respectful, safe and engaged behaviour.

To meet the expectations set out above, students in NSW public schools, to the best of their ability, should adhere to the following principles.

Respect

- · Treat one another with dignity.
- · Communicate and behave courteously.
- Act and work cooperatively with other students, teachers, and school staff.
- Develop positive and respectful relationships.
- Value the interests, ability and culture of others.
- · Respect the learning needs of other students.
- Dress appropriately by wearing the agreed school uniform or dress code.
- Take care with school property and the property of staff and other students.



Safety

- Model and follow school and class rules and expectations around behaviour and conduct.
- Negotiate and resolve conflict.
- Be aware of and take responsibility for how their behaviour and actions impact others.
- · Care for self and others.
- Be safe and help others to make safe choices that do not hurt themselves or others.

Engagement

- · Arrive at school and class on time.
- Be prepared for every lesson.
- · Actively participate in learning.
- Aspire and strive to achieve the highest standards of learning.

Telephone interpreter service

If you would like more information please call the school principal. If you need an interpreter to assist with your enquiry, please call the Telephone Interpreter Service on 131 450 and ask for an interpreter in your language.

Tell the operator the phone number you want to call and the operator will get an interpreter on the line to assist you with the conversation. You will not be charged for this service.



Manilla Central School Excursion Medical Information Form

Country Schools Chess Competition Manilla v Quirindi Friday 13th June 2025



Please complete the details below and provide any relevant medical and/or dietary details in full – please add another page if more space is required. This form should be returned to the school with permission note.

| Student Details | | | |
|---|--|-----------------------------------|---|
| Name of Student: | | | |
| Address: | Suburb: | Postcod | le: |
| Age: | Date of Birth:/ | | |
| Medicare Number: | | Reference: Expiry: _ | |
| Parent/Carer Contact Deta | <u>ails</u> | | |
| Parent/Carer Name: | | | |
| Telephone: (Home): | (Work): | (Mobile): | |
| Doctor Contact Details | | | |
| Name of Doctor: | | | |
| Address of Doctor: | | | |
| Doctor's Phone Number: _ | | | |
| Emergency Alternative C | ontact Details | | |
| Name of Emergency Conta | act 1: | Telephone: | ~~ |
| Name of Emergency Conta | act 2: | Telephone: | |
| Medical Information | | | |
| List any medical conditionand outline the treatment for | s or illnesses (for example asthma or each. | a*, diabetes, epilepsy, allergies | **, anaphylaxis**) |
| , | | | |
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^{*} Please attach a current Asthma Action Plan for your child, if applicable

^{**} Please attach a current ASCIA Action Plan for Anaphylaxis or Allergic Reactions, if applicable

| Outline any special dietary | y needs including possible re | eaction to inappropriate o | diet. | | |
|---|---|--|------------------------------|---|--|
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| | | | | | and the second s |
| List any medication/s to administration, time of ad TO OFFICE STAFF PRICE | be administered during the ministration, and any possible DR TO DEPARTURE. | excursion. Include nan le reactions. <u>PLEASE E</u> | ne of medi NSURE M | cation, insti EDICATION | ructions for I IS GIVEN |
| Name of Medication | Administration Instructions/Dosage | Times to be administered | Ро | ssible reac | tions |
| | | | | | |
| | | | - | * | |
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| ensuring that the supplying the me for administration collaborating with prescribed medic | I to the attention of the school information is updated if it characteristics and any necessary (any medication should be well the school in working out ation for the duration of the execursions, the school may agreed to by the school. For EpiPen®). | nanges 'consumables' for examinate well within its expiry date arrangements for the excursion. | e and corre supply an | ectly labelled d administr ion in a diffe | d) ation of the erent way to |
| In the event an ambulan | ce is required to attend to yo | ur child; | | | |
| Do you have Aml | oulance cover under Private | Health Insurance? | YES | | O 🗆 |
| Details: | | | | 18 | |
| 2. Do you have a C | entrelink Concession Card? | | YES | | O 🗆 |
| Details: | | × | | | |
| | , la a a maio A | | | | |
| Name of parent/carer (| please print) | | | | |
| Signature of parent/ca | rer | | Date | | |

