

Postal Address: PO Box 187 MANILLA 2346

High School Wilga Ave MANILLA 2346 Phone: 6785 1184

6785 2138

Primary School Court St MANILLA 2346 Phone: 6785 1599

6785 1705



## Parent/Guardian Excursion Information Form

Name of Excursion: Year 8 Mathematics Day

Friday 17th May 2019 from 6:45am - 5:30pm Date/Time:

Mathematics **Curriculum Learning Area:** 

Miss Singleton Teacher-in-charge:

Lazenby Hall UNE, Armidale Location/Venue:

Private vehicle driven by teacher **Travel Arrangements:** 

Note: Parents transporting students other than own, must produce current D/L & rego to office

Full School Uniform **Dress (eg School Uniform):** 

Manilla Central School @ 6:45am Leaving from:

Manilla Central School @ 5:30pm **Returning to:** 

\$0

Total cost to be paid to school office:

(not including personal extras)

Morning tea & lunch provided **Eating Arrangements:** 

Miss Singleton Group to be supervised by:

Additional Information:

Please return attached consent form by: Wednesday 3<sup>rd</sup> April 2019

Mr M Windred Principal

Miss Singleton Coordinator



## **Manilla Central School Excursion Consent Form**

I hereby consent to
participating in Year 8 Mathematics Day
at Lazenby Hall UNE, Armidale
on Friday 17th May 2019 from 6:45am - 5:30pm organised by Miss Singleton
I understand that the travel arrangements are by Private vehicle driven by Teacher
(Please complete For Private Vehicle Only)
☐ My child will be travelling with parent/guardian/teacher (please circle)  Or
☐ My child will be travelling with
Special needs of my child of which you should be aware (eg allergies, medication – please provide full details):
Credit card payments can now be made online at <a href="www.manilla-c.schools.nsw.edu.au">www.manilla-c.schools.nsw.edu.au</a> . Click on the Make a Payment tab and follow the prompts. Please use as the payment description.
[ ] Enclosed is <b>NIL</b> for the above excursion – please pay to office
[ ] I have made an Online payment for \$ via the Manilla Central School website.
My receipt number is
Signature: Date: (parent/guardian)

\*\* Please return this consent form by Wednesday 3<sup>rd</sup> April 2019



Principal: Michael Windred