



# 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



## Parent/Guardian Excursion Information Form

**Name of Excursion:** Catering – Natural Sequence Farming Event

**Date/Time:** Tuesday 4<sup>th</sup> May 2021 from 9:00am – 3:00pm

**Curriculum Learning Area:**

Hospitality

**Teacher-in-charge:**

Mrs Jones

**Location/Venue:**

CWA Hall/Hospitality Kitchen

**Travel Arrangements:**

Private vehicle driven by Staff

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

**Dress (eg School Uniform):**

Full School Uniform

**Leaving from:**

Manilla Central School

**Returning to:**

Manilla Central School

**Total cost to be paid to school office:**  
(not including personal extras)

**NIL** (credit card payments can now be made online at <https://manilla-c.schools.nsw.gov.au/>)

**Eating Arrangements:**

Bring morning tea & lunch

**Group to be supervised by:**

Mrs Jones

**Additional Information:**

Students will be preparing & serving food at the Natural Sequence Farming event at the CWA Hall. Food will be prepared at school, transported to the CWA Hall & served to guests

**Please return attached consent form by: Friday 30<sup>th</sup> May 2021**

Mr M Windred  
Principal

Mrs Jones  
Coordinator

Parents are asked to complete the *CONSENT FORM* below and return it to school with payment before the deadline date. The office is open before school each morning.

## Manilla Central School Excursion Consent Form

I hereby consent to ..... of Year .....  
(student's name)

participating in **Catering – Natural Sequence Farming Event**

at **CWA Hall/Hospitality Kitchen**

on **Tuesday 4<sup>th</sup> May 2021 from 9:00am – 3:00pm**

I understand that the travel arrangement are **private vehicle driven by Staff**

*(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 <https://manilla-c.schools.nsw.gov.au/>. Click on the *Make a Payment* tab and follow the prompts. Please use ..... as the payment description.

[ ] Enclosed is **NIL** 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 ..... Date .....

Signature: .....  
(parent/guardian)

Date: .....

**\*\* Please return this consent form by Friday 30<sup>th</sup> May 2021**