

# Open Boys Volleyball Knockout

## Excursion INFORMATION

Please complete and return the attached consent form to the administration office by Tuesday 4 March.

Dear parent/guardian,

- The GTHS Open Boys Volleyball Team will be going on an excursion to Port Hacking High School on Tuesday 18 March 2025.
- This excursion has been planned to provide students with the opportunity to represent GTHS in the Sydney East Knockout Volleyball Competition
- The GTHS Open Boys Volleyball Team will depart from GyMEA Technology High School on Tuesday 18 March at 8:30 AM and return to GyMEA Technology High School at 11:30 AM on Tuesday 18 March. Year 12 students who wish to travel to and from the game using a private vehicle must have parent permission and indicate on the permission note. Year 12 students are to return to school as soon as the game has been completed in time for the start of Period 4.
- Travel will be by Walking (or private vehicle for Year 12 students- indicate on the permission note).
- Accompanying staff are: N.Breen
- Sport Uniform is to be worn to this excursion.
- The contact number during the excursion is 9521 3244.



N.Breen  
Coordinator



Mrs V.Koukoutaris  
Deputy Principal

# Permission Note for Open Boys Volleyball Knockout on Tuesday 18 March 2025

Please complete and return this consent form to the administration office by Tuesday 4 March.

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## CONSENT

I hereby consent to ..... in Year ..... participation in the Open Boys Volleyball Knockout game at Port Hacking High School on Tuesday 18 March 2025.

I give permission for my child to walk with the supervising teacher to and from the game (leaving Gymea THS at 8:30am and returning in time for the start of Period 4).

YES / NO (Please circle)

I give permission for my child to make their own way to Port Hacking HS (private vehicle) and return to Gymea Technology High School at the end of the game.

YES / NO (Please circle)

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## SPECIAL NEEDS

Special needs of my child which you should be aware (eg. allergies, medication - please provide full details)

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## MEDICAL

I give permission for my child to receive medical treatment in case of emergency. YES / NO (please circle)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Date

### Privacy Advice

The information provided on this consent form by the parent or caregiver is being obtained for the purpose of conducting a school excursion detailed above. It will be used by the NSW Department of Education for seeking consent for the child to undertake activities within this excursion activity. Provision of this information is required by law / voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the school on 9521 3244