

Excursion INFORMATION

Please complete and return the attached consent form to the administration office by the Friday 20 June.

Dear parent/guardian,

- School Athletics Team will be going on an excursion to THE RIDGE ATHLETICS TRACK on Friday 27 June 2025.
- Students will be representing the school at The Sutherland Zone Athletics Carnival, competing to gain selection in the Zone team to compete at the Sydney East Athletics Championships.
- The cost of the excursion is \$20 per student which is to be paid to the administration office by Friday 13 June.
- School Athletics Team will depart from GyMEA Technology High School on Friday 27 June at 8:00 AM and return to GyMEA Technology High School at approximately 3pm.
- Travel will be by Bus. If you wish to travel by Private Vehicle either to and/or from the venue can you please indicate this on the permission slip.
- Accompanying staff are: R.Ellis, C.Williams, J.Wilson, N.Breen
- Sport Uniform is to be worn to this excursion.
- The contact number during the excursion is 9521 3244.



R.Ellis
Coordinator

Mr N. Liley
Relieving Deputy Principal

Permission Note for ZONE ATHLETICS CARNIVAL 2025 on Friday 27 June 2025

Please complete and return this consent form to the administration office by the Friday 20 June.

CONSENT

I hereby consent to in Year participation in an excursion to THE RIDGE ATHLETICS TRACK on Friday 27 June 2025.

Travel

My child _____ will be travelling to and from the Ridge on the bus.

or

My child _____ will be travelling to the Ridge on the bus and making their own way home at the completion of their events.

or

My child _____ will be travelling to the Ridge via private vehicle and returning to school on the bus.

SPECIAL NEEDS

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

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

PAYMENT

Payment for ZONE ATHLETICS CARNIVAL 2025. Student Name: _____

I have made a payment online of \$20 for this excursion.

For online payments please go to the school's website at <https://gymeaths.nsw.edu.au> to pay through schoolbytes. Choose Payments and then choose the selected excursion from other items.

Zone Athletics 2025 Amount: \$20

I have made a payment at the school office of \$20 for this excursion. (Payment made by cash or card)