

Excursion INFORMATION

Please complete and return the attached consent form to the administration office by the Friday 5 June.

Dear parent/guardian,

- The School Athletics Team will be going on an excursion to THE RIDGE ATHLETICS TRACK on Friday 19 June 2026.
- This excursion has been planned to facilitate students representing the school at the Zone Athletics carnival in the aim of gaining selection in the Zone team to compete at the Sydney East Regional Athletics Championships.
- The cost of the excursion is \$20 per student which is to be paid to the administration office by Friday 5 June.
- The School Athletics Team will depart from GyMEA Technology High School on Friday 19 June at 8:00 AM and return to GyMEA Technology High School at approximately 3:00 PM .
- Travel will be by Bus or under parental supervision. Please indicate on the permission note how your child will be travelling to and from the carnival.
- Accompanying staff are: R.Ellis, N.Breen, C.Williams, J.Wilson
- Sport Uniform is to be worn to this excursion.
- The contact number during the excursion is 9521 3244.



R.Ellis
Coordinator



Mrs.R.Skeen
Deputy Principal

Permission Note for ZONE ATHLETICS CARNIVAL 2026 on Friday 19 June 2026

Please complete and return this consent form to the administration office by the Friday 5 June.

CONSENT

I hereby consent to in Year participation in an excursion to THE RIDGE ATHLETICS TRACK on Friday 19 June 2026.

TRAVEL (sign only one method of transport)

I hereby consent to in Year travelling **to** and **from** the THE RIDGE ATHLETICS TRACK on Friday 19 June 2026 **by bus**.

I hereby consent to in Year travelling **to** and **from** the THE RIDGE ATHLETICS TRACK on Friday 19 June 2026 **under supervision of parents**.

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 2026. 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://gymeadhs.nsw.edu.au> to pay through schoolbytes. Choose Payments and then choose the selected excursion from other items.

Zone Athletics 2026 Amount: **\$20**

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