Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child to participate in this excursion and understand that transport to ***All Phones Arena, Homebush,*** on ***Tuesday 11 June, 2013*** will be by Merrylands High School, school bus.

I will be dropping my child at the following departure location and understand they will be returned to this location after lunch. Please tick relevant box

**Merrylands High School Bus - Number: 4**

 Location Number: □ 1. 7:30 am *Merrylands High School,Bristol St, Merrylands*

 □ 2. 7:45am – 7:50 am *Granville South High School, Rowley Rd, Guildford*

□ 3. 8:00 - 8:10 am  *Homebush Boys High School, Bridge Rd, Homebush*

*Please note that the some students from Granville and Strathfield Education Group of schools may wish to make independent travel arrangements for both the forward and return journey for this excursion*

 *If you make this choice please complete below indicating you are travelling independently. I understand my child is required at 8:30 am at Northern Entrance to Allphones Arena, Edwin Flack Ave and will be under the direction of Mr C Charles.*

*□ My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will travel independently to and from All Phones Arena*

*and is required from 8:30am – 12:00pm (lunchtime) at All Phones Arena*

***Wednesday 12 June 2013***

*□ My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is available to assist from 8:30am - 11:00am (morning tea) and will travel independently to and from All Phones Arena, meeting Mr C Charles at the designated location ( as advised on 11 June 2013 )*

Please note that there will be no changes to drop-off locations once this form has been submitted.

Thank you for your understanding.

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Caregiver Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Caregiver Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please fax the completed forms to:

Cassandra Foster

**Fax: 4633 2749 No later than close of business Tuesday, 4th June 2013**