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

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

I give permission for my child to attend and understand that transport to ***All Phones Arena, Homebush,*** on ***Tuesday 11 June, 2013*** will be by a school bus.

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

**Leumeah High School Bus - Number: 1**

Location Number: □ 1. 7:30am *Mt Annan High School, 248 Welling Drive, Mount Annan*

□ 2. 8:00 am *Campbelltown Education Office, Lindesay and Lithgow Sts,Campbelltown*

□ 3. 8:20 am *Macquarie Fields High School, 2 Harold St, Macquaries Fields*

**Westfield Sports High School Bus - Number: 2**

Location Number: □ 1. 8:00 am *Westfield Sports High Schools 406a Hamilton Rd, Fairfield West* □ 2. 8:15 - 8:20 am *Bonnyrigg High School,Elizabeth Dr, Bonnyrigg*

□ 3. 8:30 - 8:35 am  *Casula High School, Myal Rd, Casula*

**Sir Joseph Banks High School Bus - Number: 3 (These students will depart immediately after flag ceremony 11am)**

Location Number: □ 1. 8:20am *Sir Joseph Banks High School, Turvey St Revesby*

□ 2. 8:30 am *Bankstown Srn High School, Antwerp St, Bankstown near staff carpark*

*□* 3.  *8:45 am Birrong Girls High School, Cooper Rd, Birrong*

( PS This bus must return back to Sir Josph Banks High School by 12:00 pm *)*

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

Thank you for your understanding.

Childs 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**