



# KARABAR HIGH SCHOOL

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## Excursion Permission Note

Excursion Name:

Excursion Venue:

Group/class attending:

Date(s):  to  Start Time:  Finish Time:

Cost:  Payment/Permission notes by:

Travel by:

Student will need to bring:

Additional consent required: **Water Activities**  YES  NO **Overnight**  YES  NO **Private Car**  YES  NO

Excursion Organiser:

*Tear off and keep the upper half of this form for your own reference*

## Karabar High School - Parental Consent Form

Excursion Name:

I hereby give my consent for .....of year ..... to participate

in the above excursion on  to

Have your child's medical details changed recently? YES / NO (If yes, and details are relevant to this excursion, please attach documentation)

I understand that my child will receive medical treatment in case of an emergency.

Parent signature: ..... Date: / /

Emergency contact phone number(s): .....

I wish to pay / have paid \$..... (amount) by:

Online payment Receipt No  Date of Payment   
(www.karabarhigh.com.au/MakeAPayment.aspx)

Credit Card (please phone the school if you wish to pay by credit card)

**ALL signed excursion forms and payments (if applicable) should be taken to the FRONT OFFICE**

### OFFICE USE ONLY

Excursion name:

Payment description (Ref No):

Payments close on:  Amount  Deposit of  due by: