



KARABAR HIGH SCHOOL

Donald Road, Queanbeyan NSW 2620

Phone: 02 6298 4333

Email: karabar-h.school@det.nsw.edu.au Website: www.karabarhigh.com.au

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 forof 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: