



Terrigal High School

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14 Feb 2019

PARENT/CAREGIVER INFORMATION AND CONSENT FORM - Marine Discovery Centre

Dear Parent/Carer,

The following activity has been organised for students:

**EXCURSION:** Marine Discovery Centre

**DATE:** Wednesday, 27 February 2019

**START TIME:** 9:10am **END TIME:** 10:10am

**VENUE:** Marine Discovery Centre, Terrigal

**SUPERVISING TEACHERS:** Mr Staniford

**DETAILS OF EXCURSION (including itinerary):** Students will be visiting the Marine Discovery Centre during period 1(9:10 - 10:10), Wednesday Week B and Period 3 Wednesday Week A (11:30-12:20) for 2019 - Exact dates listed below.

Term 1 - 27/2/19, 6/3/19, 13/3/19, 20/3/19, 27/3/19, 3/4/19, 10/4/19

Term 2 - 1/5/19, 8/5/19, 15/5/19, 22/5/19, 29/5/19, 5/6/19, 12/6/19, 19/6/19, 26/6/19, 3/7/19

Term 3 - 24/7/19, 31/7/19, 7/8/19, 14/8/19, 21/8/19, 28/8/19, 4/9/19, 11/9/19, 18/9/19, 25/9/19

Term 4 - 16/10/19, 23/10/19, 30/10/19, 6/11/19, 13/11/19, 20/11/19, 27/11/19, 4/12/19, 11/12/19

Students will leave school and walk along Terrigal Drive until reaching the Marine Discovery Centre. Students will arrive back at school at approximately five minutes before the end of the period. Students will participate in feeding the organisms at the centre as well as participating in tank maintenance related to the syllabus. Students will also have the opportunity to learn about marine organisms common to the area.

If weather does not permit the excursion to happen students will remain at school.

**CLOSING DATE FOR PAYMENT:** N/A

**TRAVEL ARRANGEMENTS:** Students will be walking to and from the venue.

**UNIFORM:** Full school uniform

Yours sincerely

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PARENT/CARER CONSENT - COMPLETE THIS SECTION AND RETURN - Marine Discovery Centre

Please return this permission slip and payment to the office by Wednesday, 20 February 2019

I give permission for \_\_\_\_\_ of Year \_\_\_\_\_ to attend Marine Discovery Centre at Marine Discovery Centre, Terrigal on the dates listed above. I have read the excursion requirements and am aware of the expectations of my child.

Please list any medical conditions, special needs or dietary requirements we need to be aware of in relation to this activity.

Signed (parent/carer): \_\_\_\_\_ Date: \_\_\_\_\_

Parent's name and daytime contact no.: \_\_\_\_\_

I have read the excursion requirements and will follow these to ensure the safety and wellbeing of all in attendance.

Signed (Student) \_\_\_\_\_ Student's mobile no.: \_\_\_\_\_