



Bossley Park High School

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36-44 Prairievale Road
Bossley Park NSW 2176
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ABN: 87 251 145 246

Principal: Mrs V. Chevell

Dear Parent / Carer,

Date: September 2019

The Wellbeing faculty has organised an incursion for the Year 9 cohort that will support your child's learning and understanding about teamwork, positive behaviours, and healthy relationships. Students will be involved in a range of team building activities and a presentation from Life Education.

The details of this excursion are:

Venue: BPHS

Date: Monday 9th December 2019

Departure time from school: 9.30am

Return to school: 3pm

Cost per student: \$15

Payable by: Friday 6th December 2019

The cost of the excursion is \$15 and has been billed in school fees.

If students have not paid their school fees, they must make their \$15 wellbeing contribution.

Full sports uniform is to be worn

Organising Teacher: Ms Melville & Mr Zantiras

GENERAL INFORMATION:

1. Excursions are an important part of your child's education. Most excursions will include an assessment task.
2. For the entire duration of the excursion, student activities will be under the direction of members of the teaching staff.
3. A high standard of behaviour is expected from all Bossley Park High School students whilst on an excursion.
4. Personal property is the sole responsibility of each student. All care but no responsibility will be accepted for the loss of any personal items including (but not exclusively) mobile phones, music players and cameras.
5. Generally, refunds cannot be guaranteed due to costs incurred by the school. In event this excursion is cancelled, any money paid will be credited to your student's account and, where applicable, applied to outstanding fees.

Ms A Melville

Supervising Teacher

Ms A Sari

Head Teacher

Mrs V Chevell

Principal

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PERMISSION NOTE TO BE RETURNED TO THE FRONT OFFICE WITH PAYMENT BY _____

IF PAYMENT HAS BEEN MADE VIA POP, PLEASE PROVIDE RECEIPT NUMBER: _____

I hereby give permission for my son/daughter _____ Welfare _____ Year _____

To attend _____ on (date) _____.

I understand students will be under supervision and I have discussed the responsible behaviour expected during the excursion.

My son/daughter has a medical condition YES ☐ NO ☐

Provide Details: _____

Parent /Carer name: _____ Signed: _____ Date: _____

UI: _____ Fee: _____ Cost (if applicable): _____

FOCUSSING on EXCELLENCE and SUCCESS