



KENSINGTON PUBLIC SCHOOL

77-79 Doncaster Avenue, Kensington NSW 2033 | T 02 9663 3955

Email kensington-p.school@det.nsw.edu.au

Incursion Information and Attached Permission Form

Distributed: Friday 03/05/2024

Incursion:	Year 5 Positive Peer Relationships workshop presented by ASPIRE Leadership
Purpose:	To support the PDHPE curriculum by developing positive peer relationships.
Class/Group:	5D, 5E, 5F, 5R/W
Day(s)/ Dates(s):	Monday 20 May, 2024
Destination:	Kensington Public School
Meal Arrangements:	Normal recess and lunch
Supervising Teachers:	Stage Three classroom teachers
Uniform/ Dress Required:	Students wear sports uniform, sports shoes and school hat.
Cost per Student:	\$28.00
Please return permission notes by:	Tuesday 14 May, 2024
Return permission notes to:	Classroom teacher

Organising Assistant Principal: Mrs Stephanie Robertson

Relieving Principal: Mrs Jennifer Stubbles

Signatures: _____

KEEP THIS PAGE FOR REFERENCE

	KENSINGTON PUBLIC SCHOOL
	77-79 Doncaster Avenue, Kensington NSW 2033 T 02 9663 3955
	Email kensington-p.school@det.nsw.edu.au

Permission Form: Year 5 Positive Peer Relationships Workshop

I hereby consent to my child/ward of class
 to attend the Year 5 Positive Peer Relationships workshop on Monday 20 May, 2024.

<p>Medical Assistance: I understand that the staff of Kensington P.S will seek medical assistance for my child should she/he deem necessary. Any extra needs (e.g anything that may inhibit their ability to participate in the program)- please provide full details by attaching a page if necessary)</p> <p>Anaphylaxis <input type="checkbox"/> Asthma <input type="checkbox"/> other <input type="checkbox"/> please attach information as required</p>	
<p>Excursion conditions: I understand that my child's involvement in this excursion depends on:</p> <ol style="list-style-type: none"> 1. Exemplary behaviour prior to and whilst on the excursion. 2. Appropriate uniform as per the information provided. 3. Full payment of the excursion being made before the incursion. 	
<p>Parent/ Guardian Details:</p> <p>Parent/Guardian's Name: _____ Signature: _____</p> <p>Date: _____</p>	

Payment: Year 5 Positive Peer Relationships Workshop
 This incursion cost is not included in the termly invoice.
 Parents are encouraged to pay for this activity using the Sentral Parent Portal

Parent/Carers' Name: _____ (Please print)

Parent/Carers' Signature: _____ Date: _____

Type of payment: Cheque Cash I have made an Online payment.

My receipt number is _____ Date _____

FULL PAYMENT DUE: Tuesday 14 May 2024

**RETURN THIS FORM TO SCHOOL BY THE DUE DATE:
 Tuesday 14 May, 2024**