HARRISON SCHOOL

ACT Government Education

20 Wimmera Street Harrison ACT 2914
Email: info@harrison.act.edu.au
www.harrison.act.edu.au
Ph: (02) 6142 2200

CareersXpo
Wednesday 5 August 2026

Dear Parents and Carers,

Harrison School Year 10 students have the opportunity to attend the CareersXpo at Exhibition Park in Canberra. The Canberra CareersXpo is a premier event for current advice and information on career, education and training options. The event is open to students, parents, teachers, career practitioners and adults looking for advice and information on career and education possibilities. Exhibitors come from a broad cross section of providers including tertiary and vocational education institutions (local, interstate and overseas), Federal and State Government institutions, employer organisations and numerous individual businesses.

Date: Wednesday 5 August 2026

Times: Departing Harrison School at 10:00am and returning at approximately 12:30pm

Location: Exhibition Park, Mitchell ACT

Transport: Students will catch the tram and then walk to and from the venue. Students will need their MyWay Card to use on the tram

Cost: $2.50 with MyWay Card or $5.00 without a card, to be bought on the day

What students need to bring: Students must wear full Harrison School uniform, MyWay Transport Card or $5.00

Notes to be returned to Harrison School front office by: Friday 31 July 2026 (No permission notes will be accepted after this date)

Excursion Risk Assessment: Available at the front office

Behavioural expectations: Standards of behaviour based on the school's values apply in all camp and excursion situations. Students deemed to not be displaying appropriate behaviour on excursions or camps will be returned to school. No refund will be available under these circumstances. Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

We encourage parents to discuss behavioural expectations with their children, including risk to themselves, to others, and property due to impulsive, wilful and non-compliant behaviour.

Kind Regards,
Thomas Alexander
Yr 10 Wellbeing Co-ordinator

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Permission Note

I give permission for my child _____ in WIN Class _____ to attend the CareersXpo excursion on Wednesday 5 August 2026.

Permission note completed and returned to Harrison School front office by: Friday 31 July 2026 (no permission notes will be accepted after this date).

I agree to my child participating in the activities associated with this excursion. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.
I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances *warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.*

The Medical Information and consent form only needs to be completed once/year prior to the first excursion unless there are changes to the details on this form. Are there any changes to this form?

Yes ☐ No ☐
If yes, an updated *Medical Information and Consent Form* is required to be completed (available through the front office).

Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?
Yes ☐ No ☐
If yes, please complete a *Medication Authorisation and Administration Record* (available through the front office).

Is there any additional information you need to provide to support your child's participation in this excursion?
Yes ☐ No ☐

If yes, please provide these details
_____

Please provide the following information:

Medicare No:		**Private Health Fund:**		**Membership No**	
Ambulance Fund: Parents are responsible for ambulance costs outside the ACT.					

Name of Parent/Carer: (please print) _____

Signature: _____ Date: _____