

HOYTS End of Semester Excursion Thursday 2 July 2026

Dear Parents and Carers,

To celebrate a successful first semester and recognise the hard work and achievements of our Year 9 students, we would like to celebrate by taking them to the movies to watch Toy Story 5. Following the movie, students will return to school to participate in some fun activities with their peers.

Date: Thursday 2 July 2026

Times: Departing Harrison School at 9:30am and returning at approximately 1:30pm

Location: Hoyts Belconnen

Transport: Chartered Bus

Cost: \$22.00

What students need to bring: Water bottle, money for snacks from Hoyts or snacks from home

Notes to be returned to Harrison School front office by: Wednesday 24 June 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,
Patrick Geale
Year 9 Coordinator

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

**HOYTS End of Semester Excursion
 Thursday 2 July 2026
 Permission Note**

I give permission for my child _____ in WIN Class _____ to attend the HOYTS End of Semester Excursion on Thursday 2 July 2026.

Permission note completed and returned to Harrison School front office by: Wednesday 24 June 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: _____



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

**HOYTS End of Semester Excursion
Thursday 2 July 2026
Payment Contribution**

Student Name: _____ Student Class: _____

Parent/Carer Name: _____

The total cost for the HOYTS End of Semester Excursion is \$22.00
I am paying the amount of \$_____

- Cash
- EFTPOS at the front office
- Parent Portal

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.