



Illabo Public School

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Learn for Life
 Illabo Public School
 1 Layton Street
 Illabo NSW 2590

Permission Note:

Excursion aspect	Details
Date/time of the excursion	
Destination	
Transportation	
Supervising teacher	
Cost	
Dress code / Special requirements	



If you are happy for your child to participate in this excursion, please cut on the line above, fill out **all form fields** and return this sheet to school as soon as possible. **Keep the top of the sheet for your records.**

Name of parent/caregiver		Special medical requirements (of child)	
Name of student/s		Name and date of excursion	
I have made an online payment (POP) – Yes (please tick) <input type="checkbox"/>	My receipt number is _____ Date: _____	Other payment method: (please tick and add amount paid)	Cash <input type="checkbox"/> \$ _____ Cheque <input type="checkbox"/> \$ _____
Can you help with transport?	Yes (please tick) No (please tick)	I can assist by taking students (including my own) to and from the excursion destination	Yes (please tick) How many?
Signature of parent/guardian	X		