

Student Excursion Approval Form (FOR UNDER 18 YEARS OLD ONLY)

Dear Guardian/Parents,

As	part	of	Australian	Ideal	College	educational	program,	our	class	is	going	to
visit <u></u>					on	(D)	D/MM/YYY	Y) fro	om <u>:</u>	t	o:_	
The students and the class teacher(s) are going to leave the college at and												
	walk		catch a	trai	n /	ferry/	ous to					<u> </u>

Whilst Australian Ideal College remains committed to the safety of our students and takes precautionary steps to ensure duty of care, it takes no responsibility for accidents which occur outside its premises and will not accept any liability arising out of the excursion.

I,	, authorize	to take part
(Full name of Guardian/Parent)	(Full name of Student	
in the abovementioned excursion.		
Guardian	Parent	
Signature	Date	
For AIC Office Use Only		
Dessived by (staff)	Data of Descript	

Received by (staff)	Date of Receipt	
Outcome	 	
1		

Teacher's Name	Teacher's Signature
Manager's Signature	Date