

Ø Online Form - Parks Bistro - Hospitality Experience

| Activity Name: | Parks Bistro - Hospitality Experience |
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| Date/Time: | Tuesday 9 April 2024 11:40am - 3:10pm |
| Description: | Students will be visiting Parks Bistro in Speers Point to observe and demonstrate hospitality skills. |
| Venue: | Parks Bistro (31 Eighth Street, Speers Point NSW 2284) |
| Start Location: | Students will attend regular lessons until the time indicated on the permission note, when they will meet to travel to the venue. |
| End Location: | Students will be dismissed from Glendale Technology High School at the conclusion of the activity. |
| Transport: | Students will be catching public transport to and from the venue. They will be accompanied by a staff member. Each student will need to bring an opal card to travel on public transport with a minimum of \$10 on the card. |
| Dress Code: | Full school uniform with flat enclosed comfortable footwear and a hat. |
| Additional Information: | Students will be required to bring their own money for lunch at the Bistro. The menu will be viewed in class and shared with parents in advance. Mobile Phone As this is a school event, normal mobile phone rules apply. They must be turned off and locked in Yondr pouches. Your supervising teacher will direct when mobile phones can be utilised for educational purposes. |
| Due Date: | Friday 29 March 2024 |

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| | * indicates a required field |
| I have read the above detai | s and give consent for my child, to attend the Parks Bistro - Hospitality Experience * |
| Student Name: | |
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| Dietary Requirements: My child can be photographed at this event on the understanding the images may be used through our school communication.: * Yes No Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No | Parent/Carer Na | me: * |
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| Emergency Contact Name: * Emergency Contact Phone Number: * Medical Conditions (including any medication required): Dietary Requirements: My child can be photographed at this event on the understanding the images may be used through our school communication.: * Yes No Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No | | |
| Emergency Contact Phone Number: * Medical Conditions (including any medication required): Dietary Requirements: My child can be photographed at this event on the understanding the images may be used through our school communication.: * Yes No Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No | Parent/Carer Pho | one Number: * |
| Emergency Contact Phone Number: * Medical Conditions (including any medication required): Dietary Requirements: My child can be photographed at this event on the understanding the images may be used through our school communication.: * Yes No Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No | | |
| Medical Conditions (including any medication required): Dietary Requirements: My child can be photographed at this event on the understanding the images may be used through our school communication.: * Yes No Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No | Emergency Cont | act Name: * |
| Medical Conditions (including any medication required): Dietary Requirements: My child can be photographed at this event on the understanding the images may be used through our school communication.: * Yes No Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No | | |
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| Do you authorise medical aid if it is considered necessary by the supervising teacher/s?:* Yes No | Medical Conditio | ns (including any medication required): |
| My child can be photographed at this event on the understanding the images may be used through our school communication.:* Yes No Do you authorise medical aid if it is considered necessary by the supervising teacher/s?:* Yes No | | |
| communication.: * Yes No No Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No | Dietary Requirem | nents: |
| Communication.: * Yes No No Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: * Yes No | | |
| No Do you authorise medical aid if it is considered necessary by the supervising teacher/s?:* Yes No | | |
| Do you authorise medical aid if it is considered necessary by the supervising teacher/s?:* Yes No | O Yes | |
| ○ Yes ○ No | O No | |
| ○ No | Do you authorise | medical aid if it is considered necessary by the supervising teacher/s?:* |
| | O Yes | |
| Parent/Corer Signature: * | O No | |
| Palent/Caler Signature." | Parent/Carer Sig | nature: * |
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