

**APPROVAL APPLICATION – Murchison PS Incursions**

To be submitted to Principal and/or School Council or the school for approval as required by DEECD.

INCURSION: .....

DATE/S: .....

DETAILS: (who is visiting; what activity will take place)

.....  
.....

NUMBER OF STUDENTS: .....

WHO (group, year level, other - specify).....

.....  
VENUE.....

PURPOSE OF INCURSION:

.....  
.....

COST PER STUDENT.....

OR

FUNDED BY (source of funds).....

ORGANISING STAFF MEMBER: .....

STAFF PROPOSED: .....

ARE ANY INCURSION SUPERVISORS OTHER THAN TEACHING STAFF: YES / NO

IF YES PLEASE LIST: .....

IF NOT STAFF, ARE THEY TO BE PAID? YES / NO

WORKING WITH CHILDREN CHECK HELD BY VOLUNTEERS? YES / NO

Signed:

Date: