

Year 3 CSIRO Excursion

VENUE AND PURPOSE CSIRO Discovery Centre

As part of our Science inquiry, Year 3 are investigating how to group living things based on observable features and distinguish them from non-living things. We will participate in a nature walk, planned activities and exploration of the discovery centre.

DATE OF DEPARTURE
07/03/2019

TIME OF DEPARTURE
10:00 am

TIME OF RETURN
1:00 pm

CLASSES INVOLVED
3AP, 3IS, 3LC

TEACHER IN CHARGE
Alison Peebles

ACCOMPANYING STAFF
Lucy Chambers, Isaak Stewart, Joanne Keens,
Angus Roberts

MODE OF TRANSPORT
Bus

COST PER STUDENT
Note: Excursions are an optional enrichment activity and parents are expected
to cover the cost incurred.
\$13.00

EMERGENCY PHONE
6142 1750

ADDITIONAL INFORMATION
Recess and lunch will be eaten at school. Please wear school uniform.

Alison Peebles
Classroom Teacher

Chris Shaddock
Principal

Please fill in the attached form and return it with payment to the front office by:

05/03/2019

Permission Note & Payment Slip

Year 3 CSIRO Excursion

PLEASE RETURN TO YOUR CLASS TEACHER BY 05/03/2019

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07/03/2019

10:00 am to 1:00 pm

- I have discussed with my child the need for sensible 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 costs associated with any emergency arrangements made by the school.
- I agree to provide to the school any medical information relevant to this excursion.
- I agree that my child will be under the authority of the school for the duration of the excursion.
- I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.
- I have read the attached information regarding this excursion and understand what it contains.
- I understand that the school is providing this excursion as an optional activity to enrich curriculum outcomes and payment is required to cover the costs. If the school is unable to cover the costs, the school may not be able to provide this activity.
- I understand that individual records of contributions are confidential.

I hereby give permission for my child _____ in class _____ to attend the excursion to CSIRO Discovery Centre on 07/03/2019 leaving Kaleen Primary School at 10:00 am and returning at approximately 1:00 pm, travelling by bus.

The school has an **Excursion Medical Information and Consent Form** on file. Please provide details of **any current medical requirements** and/or other needs of your child relevant to this excursion.

- I have read the above information regarding this excursion and understand what it contains
- I enclose \$13.00 cash as payment for this excursion
- or
- I have completed EFTPOS/QUICKWEB payment slip as payment for this excursion
- I require a receipt

Signed: _____ Date: _____
(Parent/Guardian)

Full name: _____ Phone contact: _____
(on day of excursion)

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Department of Education & Training and Children's, Youth & Family Services Bureau.

Year 3 CSIRO Excursion	LEDGER CODE: 8029-000-00
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Payment Slip for EFTPOS and QUICKWEB

Child's Name:..... Class:.....

Please circle payment type: **CREDIT CARD** **EFTPOS** **QUICKWEB**

Minimum amount for credit card is \$10.00

Payment by EFTPOS

Card Type: Mastercard Visa

Card number:

Exp.Date: /

AMOUNT: \$13.00

Cardholder's full name: _____

Child's name: _____

Cardholder's signature: _____

Child's class: _____

Contact phone number: _____

Ledger code: 8029-000-00

Payment by QUICKWEB

Ledger code: 8029-000-00

AMOUNT: \$13.00

Reference number: _____

Date: _____

Family name: _____

Child's name: _____

Child's class: _____