

Year 1 Excursion to the CSIRO Discovery Centre

Dear Families,

Students from Year 1 will be attending an educational excursion to the CSIRO Discovery Centre. We will be participating in a 'minibeast' program, where students will be able to experience a variety of hands on activities and interact with live stick insects.

Details of the excursion are as follows:

Date:	Thursday 15th November 2018
Time:	10:30am – 1:00pm
Destination:	CSIRO Discovery Centre
Cost:	\$13.00
Travel:	Chartered Bus
Clothing:	School uniform, comfortable shoes and a hat.
Recess and Lunch:	Students are to bring a water bottle. Lunch and recess will be eaten at school.

As this is an optional activity to enrich curriculum outcomes, a payment will be required to cover the costs. The teachers accompanying students on this excursion will be Mrs Alison Peebles, Mr Matt Stretton and Miss Jordan Austin.

The staff will be carrying a mobile phone to be used if needed for contact with the group, or for calling for assistance in an emergency. The staff will also carry the First Aid Kit.

Unacceptable behaviour will be treated as it is normally treated at school, (time out at a designated spot, exclusion from an activity). Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour. Parents should also be aware that no automatic insurance is provided by the ACT Government in respect of injuries to students, non-enrolled children or yourselves should an injury occur on an excursion. You may wish to consider taking out personal insurance cover for yourself and/or for students and non-enrolled children accompanying the excursion.

**Please complete the attached permission slip and return, with payment, to the front office by
Tuesday 13th November 2018**

Kindest regards,

Alison Peebles, Matt Stretton and Jordan Austin

PERMISSION SLIP
YEAR 1 EXCURSION TO THE CSIRO DISCOVERY CENTRE

Date: Thursday 15th November 2018

Time: 10:30 am to 1:00 pm

Destination: CSIRO Discovery Centre

- 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 _____ of class _____ to attend the excursion to the CSIRO Discovery Centre on Thursday 15th November 2018 leaving Kaleen Primary School at 10:30 am and returning by approximately 1:00 pm, travelling by bus. I enclose \$13.00 as payment for this excursion.

I have read the above information regarding this excursion and understand what it contains

I enclose \$13.00 as payment for this excursion

or

I have completed EFTPOS / QUICKWEB payment slip overleaf as payment for this excursion

Does your child suffer from or experience any known medical conditions? If so, please elaborate.

SIGNED: _____
(Parent/Guardian)

DATE: _____

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.

Payment Slip for EFTPOS and QUICKWEB

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

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

Minimum amount for Credit Card is \$13.00

Please make cheques payable to Kaleen Primary School

Payment by EFTPOS

Card Type: Mastercard Bankcard Visa

Card number:

Exp.Date: / **AMOUNT:** \$

Cardholder's full name:..... Child's name:.....

Cardholder's Signature:..... Child's Class:.....

Contact phone number:..... Fee Code:

Payment by QUICKWEB

Fee Code:

Reference Number:..... Date:.....

Child's Name:..... Child's class:.....

Family Name:..... Amount: