

## Australian War Memorial excursion

### VENUE AND PURPOSE

#### Australian War Memorial

Year 6 will be attending an educational excursion to the Australian War Memorial to support investigation of our work on World War One and participating in an "ANZAC Legacy" workshop and wreath laying ceremony.

This program investigates Australia's early ties to the British Empire and what caused Australians to enlist in the First World War. It explores the contribution and qualities of Australian servicemen and women and their enduring legacy of their service on our history.

Students will also have the opportunity to view ANZAC Hall, the Gallipoli and Western Front Galleries, The Tomb of the Unknown Soldier and the Wall of Remembrance.

### DATE OF DEPARTURE

29/03/2019

### TIME OF DEPARTURE

9:15

### TIME OF RETURN

2:30

### CLASSES INVOLVED

6BH, 6JS, 6KT

### TEACHER IN CHARGE

Kelly Turner

### ACCOMPANYING STAFF

Kelly Turner, Bec Hadfield and James Shapowloff

### MODE OF TRANSPORT

Q City Bus

### COST PER STUDENT

**Note:** Excursions are an optional enrichment activity and parents are expected to cover the cost incurred.

\$11

### EMERGENCY PHONE

61421750

### ADDITIONAL INFORMATION

Students must be in full school uniform. They must bring drink bottles, lunch and recess.

Kelly Turner  
Executive Teacher

Chris Shaddock  
Principal

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

**27/03/2019**

**Permission Note & Payment Slip**

**Australian War Memorial excursion**

**PLEASE RETURN TO YOUR CLASS TEACHER BY 27/03/2019**

Australian War Memorial excursion

29/03/2019

9:15 to 2:30

- 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 Australian War Memorial on 29/03/2019 leaving Kaleen Primary School at 9:15 and returning at approximately 2:30, travelling by Q City 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 \$11 cash as payment for this excursion
- or
- I have completed EFTPOS/QUICKWEB payment slip as payment for this excursion
- I require a receipt

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.

<b>Australian War Memorial excursion</b>	<b>LEDGER CODE: 8003-000-00</b>
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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

<b>Payment by EFTPOS</b>
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Card Type:                      Mastercard                      Visa

Card number:   

Exp.Date:   /

**AMOUNT:    \$11**

Cardholder's full name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

Child's class: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Ledger code:    **8003-000-00**

<b>Payment by QUICKWEB</b>
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Ledger code: **8003-000-00**

**AMOUNT:    \$11**

Reference number: \_\_\_\_\_

Date: \_\_\_\_\_

Family name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's class: \_\_\_\_\_