UC HIGH SCHOOL KALEEN

Excursion Permission Note

ACT Government Education

Where:	Electoral Education Centre; Museum of Australian Democracy; Parliament House				
Purpose: (including cost breakdown)	Students will complete a programme that enhances their learning in the Civics component of their SOSE unit. Students will complete a session at the Electoral Education Centre and the Museum of Australian Democracy, then view Question Time in the House of Representatives.			**Transport:** / **Staffing:** / **Program:**	**$ 13** / **$** / **$2**
Date:	Thursday, 10 December	**Time:**	**8.55am-3pm**	**Total Cost:**	**$ 15**
Transport:	Students will travel to and from the venues with Deanes Coaches.				
Staff Attending:	Megan Lovell; Nick Carey-Ide; Matt Pressley				
Special Requirements/ Medical Changes:	Students should bring their own recess and lunch as there are limited opportunities and outlets at the venues for purchasing food and drinks. Teaching staff will provide facilities to carry the lunches and keep them cool. Please ensure all food is labelled. Students may not bring school bags on the excursion as most of the venues do not provide bag storage for students. While students may carry their mobile phones, they will be required to place them in security at Parliament House. For this reason we ask students to leave their phones in the lockers at school or at home.				
Meeting time and place:	Please meet the Year 9 SOSE teachers in the canteen area at 8.55am.				

Many excursions involve non-refundable advance bookings and payments. Parents/Carers need to be aware that refunds are not always available if students change their minds about attending. Students are expected to catch up on class work missed as a result of attending this excursion.

Staff accompanying students on excursions will take all reasonable care while students are in their charge to protect them from injury and to control and supervise their behaviour and activities.
Should there be any changes to your child's medical circumstances (as outlined in their enrolment medical information) please notify the teacher supervising this excursion.
Parents should be aware that staff members are not responsible for injuries or damage to property that 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.

Please note: If you are experiencing financial hardship regarding this excursion, please contact the Principal to discuss payment options. The Education Act 2004 states that your child will not be refused benefits or services if you do not choose to contribute. Individual records of contributions are confidential.

Please contact me at the school if you have any questions or require further information.

_____________________________ _____________________________

Megan Lovell **Daniel Mowbray**

Co-ordinating teacher ***Principal***

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I wish for my child_________________________________in Year 9 to attend the Civics excursion on Thursday, 10 December. **Note and $15 payment must be returned to the Front Office by Friday 4 December.**

I understand the conditions set out above and have read the attached schedule of events.
☐ My child's medical circumstances have not changed **OR** ☐ New medical information is attached
☐ I give permission for photographs of my child to be taken and displayed as appropriate.

Signed____Date________________
Parent Name (printed)

Payment Method: ☐ **Mastercard** ☐**Visa** ☐**Cash** ☐**Direct Deposit** ☐**QuickWeb** ☐**Cheque**

☐**UC High School Management Account** **BSB: 032777 A/C: 001455** **Receipt number:.............................**
Please include student name, school year & payment detail (excursion name)

CREDIT CARD AUTHORITY
I hereby give authority for payment to be made from my credit card. My credit card details are:

Card No: ☐☐☐☐ • ☐☐☐☐ • ☐☐☐☐ • ☐☐☐☐ **CCV:**_____

Expiry date:___/ **Cardholder's Name:**_____________________________**Date:**____________

Cardholder's Signature:___________________________ **Amount: $**________________