

University of Canberra High School Kaleen

Excursion Information

Excursion	Boys Northside Volleyball Competition		
Location	National Hockey Centre, 1 Riggall Place, Lyneham		
Purpose:	To further the opportunities for females to experience Volleyball. Also, to further develop team skills and social interaction.		
Date	Wednesday 2 nd June 2021	Time	8:45-2:30
Transport	Students must make their own way to and from the venue. Students will be dismissed from the venue at the conclusion of the day.		
Attending staff	Travis Passier		
Special Requirements:	All students are expected to be in full uniform for the excursion. Students are required to bring their own morning tea and lunch.		
Due Date	Friday 28 th May 2021	*No notes will be accepted after this date.	
Cost	\$ 10		

Parent/Carer Declaration and Permission for Students to Attend Excursion

Staff accompanying students on excursions will take all reasonable care while supervising students to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff are not responsible for injuries or damage to property which may occur on an excursion where in all circumstances staff have not been negligent. Parent's should warn children of the risk to themselves, to others and to property resulting from impulsive, wilful, or disobedient behaviour.

I have discussed with my child and I understand and accept the need for sensible behaviour on this excursion. I agree that the student will be under the authority of the school for the duration of the activity, and that if the teacher-in-charge feels it is necessary for my child to return home early following a breach of these rules, I will be responsible for all costs and will not be eligible for any refund of excursion costs.

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

In the case of an emergency, I am aware that the school/teacher in charge/first aid officer may:

- arrange transport of the student by ambulance
- seek medical attention for the student at the nearest or most convenient medical facility
- administer a bronchodilator inhaler to the student in an asthma attack, and
- advise the emergency contact held by the school.

I understand that neither the school nor the ACT Education Directorate accepts responsibility for costs incurred on my behalf in securing medical treatment and associated services for my mentioned son/daughter/ward.

I am aware that I am responsible for the ambulance costs outside the ACT.

Travis Passier
Co-ordinating teacher

Daniel Mowbray
Principal

University of Canberra High School Kaleen

Permission & Payment Note

Name of Excursion/Activity: **Boys Northside Volleyball Competition**

I have read the attached information regarding this excursion/activity and understand what it contains. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment), in an emergency. We have a copy of your child's medical details that you have supplied previously. If there have been any changes to your child's medical condition, please complete a new Medical form.

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion in order to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.

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UC HIGH SCHOOL KALEEN PERMISSION SLIP Boys northside Volleyball Competition

I give permission for my child _____ Year _____ to attend the Boys northside volleyball competition excursion on Wednesday 2nd June.

Permission note and \$10 due to the front office by: Friday 28th May

DUE TO BOOKING REQUIREMENTS, NO NOTES WILL BE ACCEPTED AFTER THIS DATE.

- My Child's medical circumstances on the medical forms on file are current, or my child's medical information has changed, and I have attached a new medical form.
- I give permission for photos to be taken of my child during this excursion and if required to be published in the school newsletter or displayed at the school assembly.
- I have read and agree with the Parent / Carer Declaration on page 1, Excursion Information.

Signed _____ Date _____
Parent Name (printed)

Payment Options

1. **QuickWeb** payment made on (date) _____

*The school encourages families to use our Quickweb banking facilities available through our website as it is a safe and secure way of making payments. Please use the URL below to take you to the Schools QuickWeb payment tab.
<http://www.kaleenhs.act.edu.au/payment>

2. **Direct Deposit:** payment made on (date) _____

Acc. Name: UC High School Management Account BSB: 032 777 Acc. No. 001455

Please include student name, school year & payment detail (excursion name) Receipt number:.....

3. **Cash** **Mastercard** **Visa**

*Payment can be made in person at school Front Office-between 8:30am & 2:30pm Mon-Fri.

Alternatively, please fill out the details below

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: \$ _____