

# Excursion Permission Note

<b>Where:</b>	CISAC ,100 Eastern Valley Way, Bruce ACT 2617				
<b>Purpose: (including cost breakdown)</b>	Students will take part in swimming activities to assess their competency and proficiency for the upcoming Ocean Sports Excursion.		<b>Transport:</b>	<b>\$ 4.70 (No MyWay)</b>	
			<b>Meals/Accom:</b>	<b>\$ 0</b>	
			<b>Staffing:</b>	<b>\$ 0</b>	
			<b>Program:</b>	<b>\$ 12</b>	
<b>Date:</b>	23/10/2018 & 06/11/2018	<b>Time:</b>	<b>1.30pm to 3.00pm</b>	<b>Total Cost:</b>	<b>\$ 12</b>
<b>Transport:</b>	Students will catch Action bus 250 from the front of UCHSK and back to UCHSK. Students must ensure they have their own bus pass for boarding the action bus. Students without MyWay card will incur at \$4.60 fee which must be paid on entry to the bus.				
<b>Staff Attending:</b>	<b>Rourke O'Sullivan</b>				
<b>Special Requirements/ Medical Changes:</b>	<b>Students to bring their own swimmers, goggles, towel and change of clothes.</b>				
<b>Meeting time/place/teacher:</b>	Students are to meet Mr O'Sullivan at the start of lunch before departing. We will travel to the venue as a group. The excursion will take place during lunch and our normal outdoor recreation class time. NO other classes will be missed. <b>Students will be dismissed from CISAC at 3.00pm.</b>				

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 do not hesitate to contact me at the school if you have any questions or require any further information.

\_\_\_\_\_  
**Rourke O'Sullivan**  
**Co-ordinating teacher**

\_\_\_\_\_  
**Lana Read**  
**Principal**

I wish for my child \_\_\_\_\_ to attend the excursion to CISAC Belconnen on the 23<sup>rd</sup> of October and 6<sup>th</sup> of November. **Notes to be returned to Front Office by the 19th of October.**

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  
**BSB: 032777 A/C: 001455**

**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: \$ \_\_\_\_\_