UC HIGH SCHOOL KALEEN

Excursion Permission Note

ACT Government Education

Where:	CIT Reid Restaurant				
Purpose: (including cost breakdown)	Students experience: Front and back of house operations at industry level Food and beverage presentation and service to industry standards. Investigate pathways in the hospitality and tourism industry.			**Transport:**	**My way**
				Meals/Accom:	**$ 15.00**
				Program:	**Nil**
Date:	**1/6/2018**	**Time:**	**8:30 am – 2:30pm**	**Total Cost:**	**$ 15.00**
Transport:	**Action Bus**				
Staff Attending:	**Faith Omufila and Emma Mildenhall**				
Special Requirements/ Medical Changes:	***Wear school uniform, Transport money or My Way Card*** ***Meals cost 25 dollars: Meals will be subsidised by the school to the value of 10 dollars.***				
Meeting time/place/teacher:	Meet students at the school canteen area **9.10 a.m.**				

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

_____ _____

Faith Omufila **Lana Read**
Co-ordinating teacher ***Principal***

I wish for my child _____to attend the excursion to CIT Reid on the 1/6/18. **Notes and $15.00 payment to be returned to Front Office by 28th /5/18.**

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
Local media from Yass will be attending, students may be photographed and recorded for published media and/or television broadcast. Parents are asked to provide permissions for the following:
☐ I give permission for photographs of my child to be taken and displayed as appropriate.
☐ I give permission for recorded media of my child to be taken and broadcasted as appropriate.

Signed _____ _____Date_____
Parent Name (printed)

Payment Method: δMastercard δVisa δCash δDirect Deposit δQuickWeb δCheque
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: $**_____