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 card (or $5)**
				Meals/Accom:	**$**
				Staffing:	**$2**
				Program:	**$ 10**
Date:	Friday 18th August 2017	**Time:**	9.10 a.m. - 2.00 pm	**Total Cost:**	**$ 12**
Transport:	Action Bus				
Staff Attending:	Faith Omufila, Emma Mildenhall and1 x LSA TBA				
Special Requirements/ Medical Changes:	*Wear school uniform, $12 for lunch and transport money or My Way Card.*				
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
Co-ordinating teacher

Lana Read
Principal

✂ ----------

I wish for my child _____ to attend the excursion to CIT Reid on Friday 18th August. **Notes to be returned to the front office with payment by Wednesday 9th August 2017.**

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: $**_____