

Excursion Permission Note

Where:	Dickson Playing Fields, Antill Street, Dickson				
Purpose: (including cost breakdown)	University of Canberra High School Kaleen – Annual Athletics Carnival		Transport:	\$ 5	
			Meals/Accom:	\$	
			Staffing:	\$	
			Program:	\$ 5	
Date:	Friday 11th August 2017	Time:	8.55am-3pm	Total Cost:	\$ 10
Transport:	Students will travel by Keirs coaches to and from Dickson Oval. Depart 9.15am. Return 2.45pm				
Staff Attending:	All staff				
Special Requirements/ Medical Changes:	If the Carnival is cancelled due to bad weather the Carnival will be re scheduled to the following Friday 18th August and this permission note will cover that day as well. Please attach any updated medical circumstances.				
Meeting time/place/teacher:	Come to school in the morning and get your name marked off in roll call.				

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.

Kelly Gooch
Co-ordinating teacher

Lana Read
Principal

I wish for my child _____ to attend the excursion to Athletics carnival at Dickson Oval on Friday 11th August or (Friday 18th August). **Notes to be returned to the front office with payment by Tuesday 8th 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: \$ _____