**Excursion/Activity Information**

Katherine Avenue, Amaroo ACT 2914

Phone: (02) 61421266

 

Dear Parents and Carers,

The following details relate to an excursion/activity that has been organised for your child. If you have any concerns about this excursion/activity, or related costs, please contact the teacher in charge on 61421266.

|  |  |
| --- | --- |
| **Name of Excursion/Activity** | **Botanic Gardens** |
| **Location** | Australian National Botanic Gardens |
| **Purpose** | In Term 1, Year 3 will be learning about sustainability. This excursion is to engage the children in the early phase of our sustainability learning journey. |
| **Classes/Year Groups Participating** | Year 3 |
| **Date** | Tuesday, 10 March 2020 |
| **Time of Departure from School** | 9:30am |
| **Time Arrive Back at School** | 3:00pm |
| **Transport** | Bus |
| **Cost** | $17 |
| **Due Date** | Tuesday, 3 March 2020  **\* Notes will not be accepted after this date** |
| **Teacher in Charge** | Andrew Mitchell and Renee Simpson |

**Name of Excursion/Activity: Botanic Gardens**

**Permission & Payment Note**

**FEE CODE - BOTANIC LEDGER CODE – 8008-000-00**  COST: $17

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to attend the above-named excursion/activity on Tuesday, 10 March 2020.

Name of Parent/Carer (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 detail below.

Updated Medical details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return permission note and money to the front office or senior office by Tuesday, 3 March 2020**

***Please be aware of the following:*** *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. Parents should be aware that staff members are not responsible for injuries or damage to property which 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. The school has made every effort to keep cost for this activity at a responsible level. We have an equity fund which can be used to provide financial assistance for students where parents are unable to make the requested contribution.*

***PRIVACY:*** *If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (ED) (Amaroo School). This information is necessary for us to be able 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*](http://www.det.act.gov.au)*) on the About Us page.*

***Please tick method of Payment***

□ **Quickweb Payment made on \_\_\_\_\_\_\_\_\_\_\_\_\_** (date) **-** This is a Westpac online payment option accessed through the school website that makes a payment direct to the school’s bank account. Payments can be made using a Visa or Mastercard for any school event or contribution. Please use the above FEE CODE as your reference.

□ **Direct Deposit Payment made on \_\_\_\_\_\_\_\_\_\_\_\_\_** (date) **-** Payment can be made by direct deposit to Amaroo School Management Account BSB: 032-777 Account No: 000989. Please use the above FEE CODE and Student Key as your reference. Student Key is usually the first 5 letters of the student’s surname and the first letter of their first name.

□ **Cash -** Please secure Permission Note and money in a ziplock bag. I have enclosed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ **Cheque -** Please make payable to Amaroo School

□ **Credit Card -** Payments may be made in person at any time between 8.30am – 3pm at the office . Alternatively, please fill out the details below and return the permission note to office. **Minimum amount for Credit Card Payment is $10.00**

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Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Account: Visa Mastercard

Card No. \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Expiry Date: \_\_\_\_/\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_

Signature of cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Daytime Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_