



Gilmore Primary School
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Red Gums Excursion to the Australian National Botanic Gardens

Dear Families,

As part of our investigation into the local environment we have been exploring native animals and their habitats, and learning about actions we can take to ensure habitats remain safe enough for these creatures to live in. To support this learning, we are attending the Australian National Botanic Gardens on Wednesday 11 December 2019 to participate in their Pond Dipping program. We are so excited to have this opportunity to work with the rangers to learn more about aquatic life and the importance of positive action to protect our local waterways.

DATE: Wednesday 11 December 2019

VENUE: Australian Botanic Gardens, Clunies Ross St Acton 2601

DEPARTURE TIME: 9:00am

RETURN TO SCHOOL: 1:30pm

TEACHER IN CHARGE: Sarah Grainger

COST PER STUDENT: \$16

PARENT HELPERS: Please let us know if you are able to assist.

ADDITIONAL INFORMATION: Students will need to wear sun smart clothing, appropriate footwear and sun smart hat. Students are also asked to bring their recess and drink bottle in their school bag. Students will be responsible for carrying their own belongings.

Please fill in the permission form attached and return to the school with the correct money by Tuesday 3 December 2019.

Sarah Grainger

Executive Teacher

5 November 2019

Permission Note for Red Gums ANBG Excursion

I, _____ hereby give permission for _____ to attend
the **Red Gums to Australian National Botanic Gardens** on Tuesday 3 December 2019.

Please tick appropriate boxes:

- ☐ I am aware of the travel arrangements and I enclose **\$16.00** in full payment.
See payment slip over the page.
- ☐ I understand that the cost of buses is non-refundable as prices are determined by the total number of children travelling. If my child is unable to attend the excursion, and I require a refund (less bus fare), I should make a request in writing, within a week after the excursion to the Business Manager. The school should be notified by 9:00am on the day of the excursion if a student is unable to attend.
- ☐ I understand that the ACT Education Directorate does not maintain a compensation scheme to cover students injured on school excursions or cover loss or damage to student property while at school or on excursion so I need to take out my own insurance to cover such emergencies should they occur, including ambulance cover outside the ACT.
- ☐ I authorise the school to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency.
- ☐ I agree that my child/children will be under the authority of the school for the duration of the excursion and that the school is authorised to return the student to school if the school considers that circumstances warrant such action.
- ☐ I agree that my child/children may be photographed for use in the school newsletter and classroom memory display.

My child has the following medical condition that may need treatment on the day:

I will provide the following medication for my child in a clearly marked container. (This should be handed to your child's class teacher upon arrival at school.)

Parent/Carer contact if needed during excursion

Parent/Carer: Name: _____ Phone: _____

Parent/Carer: Name: _____ Phone: _____

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 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.

It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this camp/excursion. The school has made every effort to keep costs for this activity at a reasonable level. This is an enrichment activity so a payment will be required to cover all costs. The school reserves the right to cancel the activity should all cost not be covered. Individual records of contributions are confidential.

Parent/Guardian Signature: _____ Date: ____/____/____

Payment slip for Red Gums ANBG Excursion

EXCURSION

Red Gums to Australian National Botanic Gardens

DATE

Wednesday 11 December 2019

COST PER STUDENT

\$16.00

It would be appreciated if payment was received by Tuesday 3 December 2019.

Amount enclosed \$ _____ cash/credit card.

☐ **Visa Card** ☐ **Master Card** \$ _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Card valid to ____ / ____

Name on card

Signature

Online Payment <http://www.gilmoreps.act.edu.au/payment> and follow the prompts.

Online payment code:

Direct payments can be made to Gilmore Primary School Management Account

Westpac Bank **BSB:** 032777 **Account Number:** 001324

Please put family or student's name and description of the payment.