



Gilmore Primary School
Heagney Crescent Gilmore ACT 2905
E: info@gilmoreps.act.edu.au W: www.gilmoreps.act.edu.au

P: 6142 1780
F: 6142 1794



Year 2 and 3 Canberra Adventure Excursion

EXCURSION	Students from year 2 and 3, have been investigating Canberra's history as part of their HASS studies. The students will be going on a Canberra Adventure Tour and visiting XXXXXXXXXXXX
DATE	Monday 1 April 2019
TRANSPORT	Keir Buses
DEPARTURE TIME	approximately 9:30am
RETURN TO SCHOOL	approximately 2:30pm
TEACHER IN CHARGE	Matthew Holborow & Carrie Webster
PARTICIPATING STAFF	Matt Holborow, Carrie Webster, Silvana Cooper, Lili Jankovic
COST PER STUDENT	\$15
ADDITIONAL INFORMATION	Students are expected to wear their full school uniform and appropriate hats for this excursion. Recess, fruit, an additional snack and a water bottle should be provided for your child. <i>There is a souvenir shop at Telstra Tower and families may send some spending money if they would like their child to buy a souvenir. Children will not be able to buy food or drinks from the café.</i> Staff take no responsibility for lost money.

Please complete the permission form attached and return to the school with the correct money by **Wednesday 27 March**.

Regards

The 2/3 Team



Permission slip for Year 2/3 Canberra Adventure Tour

I, _____ hereby give permission for _____ to attend the Year 2/3 excursion on the Monday 1 April .

Please tick appropriate boxes:

- I am aware of the travel arrangements and I enclose **\$15** 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 Year 2/3 Canberra Adventure Tour Excursion

EXCURSION Year 2/3 Canberra Adventure Excursion
DATE Monday 1 April 2019
COST PER STUDENT \$15.00

It would be appreciated if payment was received by Wednesday 27 March

Amount enclosed \$ _____ cash/credit card.

Visa Card **Master Card** \$ _____

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

Westpac Bank Account Number: 001324
BSB 032777

Please put family name and description of the payment.

Thank you