



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



Athletics Carnival 2019

EXCURSION	This year our Athletics Carnival will be held together with Caroline Chisholm Junior Campus. Students are encouraged to participate in all events. In the event of rain on the day, the carnival will be rescheduled.
DATE	Tuesday 9 April 2019
VENUE	Woden Athletics Field (Ainsworth Street, Phillip)
TRANSPORT	Keir Buses
DEPARTURE TIME	approximately 9:15am
RETURN TO SCHOOL	approximately 2:50pm
PARTICIPATING STAFF	As all staff will be attending the carnival there will be no supervision at school for students not taking part.
COST PER STUDENT	\$7.00 (includes bus travel, venue and equipment hire)
WHAT TO BRING	lunch, recess, water bottle
ADDITIONAL INFORMATION	Students are expected to wear their house colours or full school uniform and appropriate hats. The Gilmore P&C will be providing a table of goodies. They will be selling frozen juice cups, juices, chips and other goodies ranging in price from 50c-\$2.00. Volunteers are welcome. All funds raised go back to the Gilmore P&C.

Please complete the permission form attached and return to the school with the correct money by **Friday 29 March 2019**.

Regards

Hayden Petersen and Stacey Low

We are the future

Permission slip for Athletics Carnival 2019

I, _____ hereby give permission for _____ to attend the Athletics Carnival on the Tuesday 9 April 2019.

Please tick appropriate boxes:

- I am aware of the travel arrangements and I enclose **\$7.00** 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 Athletics Carnival 2019

EXCURSION Athletics Carnival
DATE Tuesday 9 April 2019
COST PER STUDENT \$7.00

It would be appreciated if payment was received by Friday 29 March 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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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.

✂ -----

Parent Helper slip for Athletics Carnival 2019

I, _____ am able to provide assistance for the Athletics Carnival on

Tuesday 9 April 2019.

Signature: _____

Date: _____

Contact number: _____

Email address: _____