

Athletics Carnival – Wednesday 12 June 2019

Dear parents and carers,

The following details relate to an excursion that has been organised for your child. If you have any concerns about this excursion, or related cost, please contact the principal on 61420077.

Name of Excursion/Activity	Latham Primary Athletics Carnival
Location	Charnwood Playing Fields
Purpose	Sports Carnival
Classes/Year Groups Participating	Whole School
Date	Wednesday 12 June 2019
Start Time	9:45am
Finish Time	Junior school – 12:30pm Senior School 2:15pm
Transport	Bus
Cost	\$5.00 per student
Due Date	Wednesday, 5 June 2019
Teacher in Charge	Daniel Manestar
Additional Information including reason for excursion	<p>The Athletics Carnival is a whole school event and there will be no teachers or classes at school during the Athletics Carnival. If your child does not participate in the Athletics Carnival at Charnwood they will not be able to attend school at Latham.</p> <p>Please ensure all students bring a drink bottle and shoes suitable for participating in running events. Students are encouraged to wear their house colours (Brindabella - Blue, Umbagogong - Green, Casuarina – Yellow). As it has been quite cool lately, students should also bring a named warm jacket or jumper to wear in between events. The canteen will be closed on the day.</p> <p>We welcome all parents / caregivers who would like to come down and support the children participating. Any parents who would like to help out on the day please indicate on the attached permission note. Please notify the school if you will be dropping off or collecting your child early from the Athletics Carnival.</p>

Permission & Payment Note

Name of Excursion: **Athletics Carnival – Wednesday 12 June 2019**

I give permission for my child _____ in class _____

to attend the above named excursion on Wednesday 12 June 2019

Volunteers

Are you available to assist in the running of the carnival? Yes / No (please circle)

Any preference for what you can help with?

Full name of parent (please print): _____

Medical consent

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.

If there are any medical condition that may affect your child on this excursion, please give details below.

Medical condition: _____

I have read the attached information regarding this excursion and understand what it contains.

Full Name of Parent/Carer (please print): _____

Signature of Parent/Carer _____ Date _____

Please return permission note and money to the front office or classroom teacher by Wednesday, 5 June 2019

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. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be asked to be collected or returned to school should the behaviour be extreme or overly persistent. Should this occur monies paid will not be reimbursed.

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Education and Training Directorate.

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 FEE CODE below as your reference.

Direct Deposit Payment made on _____ (date) - Payment can be made by direct deposit to Latham Primary Management Account BSB: 032-777 Account No: 001527. Please use the FEE CODE below 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 together. I have enclosed \$ _____

FEE CODE - **ATHL2019**

LEDGER CODE - **8025-000-00**

COST: **\$5.00**