

## Excursion/Activity Information

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 cost, please contact the principal on 61420077.

<b>Name of Excursion/Activity</b>	<b>Step Into The Limelight Dance rehearsal</b>
<b>Location</b>	Ainslie School
<b>Purpose</b>	For combined choir practice with other Northside schools in preparation for Step into the Limelight Performance
<b>Classes/Year Groups Participating</b>	Year 3, 4, 5 and 6
<b>Time</b>	Date: 15/8/19    Start time: 8:50    Finish time: 11:50pm
<b>Transport</b>	Bus
<b>Cost</b>	\$11.00
<b>Due Date</b>	<b>Friday, 9 August 2019</b>
<b>Teacher in Charge</b>	Stephanie Wilson
<b>Additional Information including reason for excursion/links to Curriculum</b>	Students will need a water bottle and a healthy snack. PLEASE NOTE THAT STUDENTS WILL NEED TO BE AT SCHOOL BY 8:50am

# Permission & Payment Note

## Name of Excursion/Activity: **Step Into The Limelight Dance Rehearsal**

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

to attend the above named excursion to Ainslie School on Thursday 15 August, 2019.

### Medical consent

I have read the attached information regarding these excursions/activities 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 conditions that may affect your child on these excursions, please give details below.**

Medical condition: \_\_\_\_\_

**I have read the attached information regarding these excursions and understand what it contains.**

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

Contact details: \_\_\_\_\_

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

### Please return permission note and money to the front office by Friday, 9 August 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      FEE CODE - LIMED      GL CODE – 8015-000-00      COST: \$11.00**

**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 Latham Primary Management Account BSB: 032-777 Account No: 001527. 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 together. I have enclosed \$ \_\_\_\_\_