

YEAR 5/6 DA VINCI DECATHLON COMPETITION 2018



COST	\$25.00	Covers:	Travel		Entry	X	Program	X	Other	
NOTE: Excursions are an optional enrichment activity and parents are expected to cover the costs incurred. If your child is not able to attend on the day, refunds may not be available for some or all of the costs.										
DEPARTURE DATE	Wednesday, 30 May 2018				ARRIVAL TIME	8:00 AM				
RETURN DATE	Wednesday, 30 May 2018				PICK UP TIME	3:00 PM				
EVENT LOCATION	Canberra Grammar School, 40 Monaro Crescent, Red Hill. Meet at the gymnasium (Building 11)									
MODE OF TRANSPORT	Dropped off and picked up at venue by parent. Parents are most welcome to attend the Presentation of Prizes, which is scheduled to start at 2:35pm.									
PURPOSE	To provide stimulating and challenging experiences across a range of curriculum activities. Selected students only									
TEACHER IN CHARGE	Kate Mullins									
EQUIPMENT NEEDED	Students will need to bring their own morning tea and a bottle of water. Lunch will be provided for students.									
CONTACT NUMBER	6142 3030									

PAYMENT AND FORMS DUE TO FRONT OFFICE by 3:30pm on Friday, 18 May 2018

CHILDREN WHO HAVE NOT RETURNED A SIGNED PERMISSION FORM WILL NOT ATTEND.

YEAR 5/6 DA VINCI DECATHLON COMPETITION 2018 – PERMISSION NOTE

I consent to my child (name) _____ in (class) _____ to attend/not attend (please circle) the Year 5/6 Da Vinci Decathlon Competition 2018 on Wednesday, 30 May 2018.

I (parent name) _____ have paid the amount of \$25.00 by:

BANK TRANSFER		CREDIT CARD (Westpac Quickweb)		CASH		CHEQUE	
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Bank Transfer: Aranda Primary School Management Account BSB 032-777 Account 000997

Credit Card: Use PAYMENTS tab on school website home page

FEE CODE: DA VINCI

The school has an **Excursion Medical Information and Consent Form** on file. Please provide details of **any current medical requirements** and/or other needs of the child relevant to this excursion.

I have read all the information provided in regards to this excursion and understand its contents:

Name of Parent: _____ **Emergency Contact Number:** _____

Signature of Parent: _____ **Date:** ____/____/____

STUDENT KEY		FAMILY KEY	
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Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. A risk assessment for this activity has been completed and is available to view upon request.

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.

The school has made every effort to keep costs for this activity at a reasonable level. Financial assistance may be available to assist families who are not able to make the requested contribution. Please contact the Business Manager. If however there is insufficient total funding available to meet the cost of the excursion, regrettably we may not be able to proceed.

The teacher in charge will make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency. The costs associated with any emergency arrangement made by the teacher in charge will be met by the parents/guardians (free ambulance transportation only applies in the ACT).

The student will be under the authority of the school for the duration of the excursion and that the teacher in charge is authorised to return the student to the school at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action and after contacting the parent.

IF MEDICAL INFORMATION HAS CHANGED PLEASE PROVIDE AN UPDATED Excursion Medical Information and Consent Form **TO THE SCHOOL** (available for download from the school website or from the Front Office).

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Please return this information to the school by Friday, 18 May 2018.

Child's Name: _____

Child's Class: _____

Dietary Requirements

Does your child have any Dietary Requirements? Please circle one of the following options:

NO **YES**

If **YES**, please provide details below:
