

WANNIASSA YEAR 6 ENRICHMENT DAY**DESCRIPTION:**

Wanniassa School Senior Campus is hosting an enrichment session for all Year 6 students from feeder Primary Schools. See the attached note for details and registration instructions.

DATE:

Thursday, 15 March 2018

DEPARTING AT:

11:00am

RETURNING APPROX:

2:30pm

VENUE:

Wanniassa School Senior Campus

TRAVEL ARRANGEMENTS:

Buses will be provided free of charge.

COST PER STUDENT:

FREE

CLASSES INVOLVED:

Year 6 students

TEACHER IN CHARGE:

Kellie Keeffe

ITEMS TO BRING:

Drink bottle, hat, appropriate enclosed footwear
Lunch will be provided

ADDITIONAL INFORMATION:

Please let the school know if your child has any special dietary requirements as lunch will be provided by Wanniassa School.

PAYMENT OPTIONS:

No payment required.

Please keep this information page, then complete the permission form and return it to Jodie.Shipway@ed.act.edu.au by Tuesday, 13 March 2018.

WANNIASSA YEAR 6 ENRICHMENT DAY**PLEASE RETURN TO THE FRONT OFFICE BY TUESDAY, 13 MARCH 2018.**

Student Name: _____ Class: _____

I hereby consent to my child attending Enter name of excursion. on Enter excursion date.

MAZE Fee Code: Enter code. Cost: \$Enter cost.**Please check the appropriate boxes:**

- I have read and understand the attached information page for the event/excursion and I consent to the payment and travel arrangements. *PLEASE NOTE: If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (Monash School). This information is necessary to manage student participation in event /excursions, and support the welfare and safety of your child. If you do not consent to supply us with this information, your child will be unable to participate in the event/ excursion.*
- I confirm payment of \$ Enter cost. via the following method:
- Westpac Quickweb (<http://www.monashps.act.edu.au/payment>) using MAZE Fee Code Enter Code; or
 - In person at the Front Office
- 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 9.00 am on the day of the excursion if a student is unable to attend.

- I understand that the ACT Government (the Territory) does not meet all claims for injury, disease or illness to students resulting from school activities or school organised excursions. Claims are only met where there is a liability to do so. Liability is not automatic and depends on the circumstances in which the injury was sustained. I understand I should obtain my own advice about insurance protection which may assist in meeting expenses if my child is injured in circumstances where there is no liability on the part of the Territory. The ACT Ambulance Service provides free ambulance transport for students who are injured or suddenly become ill at school or during school-approved activities within the ACT. Excursions to states and territories outside the ACT are not covered by free ambulance transport.
- In serious cases where medical attention is necessary, and a parent/carer is not available, I authorise the school to make arrangements for the welfare of my child (including transport and medical/surgical treatment).
- 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 home at the expense of the parent/carer if the school considers that circumstances warrant such action.
- The medical information and emergency contact numbers for my child/children held at the school are correct and up to date.
- I need to **UPDATE** the information held at the school as follows: *(ONLY FILL IN IF THE SCHOOL DOES NOT HAVE THIS INFORMATION)*
- Mother's Contact Number/Email: _____
 - Father's Contact Number/Email: _____
 - Home Telephone Number/Email: _____
 - Please change my "Other Emergency Contact" to: *(please include full name and contact number)*

Full Name of Parent/Carer: _____

Date: _____