

Duncan Smith Incursion

DESCRIPTION:

Duncan Smith from Wiradjuri Echoes, an Indigenous art consultancy, will come to Monash to make artworks and discuss their meaning with the students from Kindergarten. The incursion will directly link to the Foundation year Australian Curriculum: *They will explore ideas, experiences, observations and imagination to create visual artworks and design, including considering ideas in artworks by Aboriginal and Torres Strait Islander artists.*

DATE:

Thursday 1 November 2018

Session time:

12.00 noon

RETURNING APPROX:

N/A

VENUE:

Monash School

TRAVEL ARRANGEMENTS:

N/A

COST PER STUDENT:

\$ 10.00

CLASSES INVOLVED:

Kindergarten

TEACHER IN CHARGE:

Tess Pennell

ITEMS TO BRING:

N/A

ADDITIONAL INFORMATION:

A Risk Management Plan is available for this excursion upon request.

For more information about Wiradjuri Echoes go to:
www.wiradjuriechoes.com.au



PAYMENT OPTIONS:

Pay using your credit/debit card by:

1. Visiting the following link:
www.monashps.act.edu.au/payment
2. Follow the instructions on our Westpac Quickweb form, including the fee code: 8130

Alternatively, you may wish to pay in person by EFTPOS at the Front Office.

Please keep this information page, then complete the permission form and return it to Jodie.shipway@ed.act.edu.au (with payment) by **Monday 29 October 2018**



Duncan Smith Incursion

PLEASE RETURN TO THE FRONT OFFICE BY Monday 29 October 2018

Student Name: _____ Class: _____

I hereby consent to my child attending the **Duncan Smith Incursion** on Thursday 1 November 2018

Fee Code: 8130 Cost: \$10.00

Please check the appropriate boxes:

- I have read and understand the attached information page for the event/incursion and I consent to the payment.

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 (ETD) (Monash School). This information is necessary for us to be able to manage student participation in 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 excursion.

The school should be notified by 9.00am on the day of the incursion if a student is unable to attend.

- I confirm payment of \$ 10.00 via Westpac Quickweb (<http://www.monashps.act.edu.au/payment>) using MAZE Reference 8130
- 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 incursions. 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 incursion 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)*
 - Parent/Carer #1 Contact Number: _____
 - Parent/Carer #2 Contact Number: _____
 - Home Telephone Number: _____
 - Please change my "Other Emergency Contact" to: *(please include full name and contact number)*

Full Name of Parent/Carer: _____

Date: _____

