

YEAR 3 TO 6 PERFORMANCE OF 'DONKEY' AT BELCONNEN HIGH

DESCRIPTION:

Year 3 to 6 students will view Belconnen High students perform 'Donkey' (a play loosely based on 'Shrek') as part of the performing arts program.

DATE:

Wednesday, 13 September 2023

DEPARTING AT:

9.20 am

RETURNING APPROX:

11.45 am

VENUE:

Belconnen High School
Murrانji St, Hawker

TRAVEL ARRANGEMENTS:

Bus

COST PER STUDENT:

\$7.00

CLASSES INVOLVED:

All Year 3 to 6 classes

TEACHER IN CHARGE:

Brittany Ashman

ITEMS TO BRING:

Students need to wear school uniform. Please provide snacks and a drink bottle for the day in a clearly labelled plastic bag.

ADDITIONAL INFORMATION:

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



Staff: 18 Students: 230
First Aid: Brittany Ashman

PAYMENT OPTIONS:

Pay using your credit/debit card by:

Visiting the following link:

www.monashps.act.edu.au/payment

Follow the instructions on our Westpac

Quickweb form, including the fee code:

Belconnen 3-6

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 the front office by Thursday, 7 September 2023



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PLEASE RETURN TO THE FRONT OFFICE BY THURSDAY, 7 SEPTEMBER 2023

Student Name: _____

Class: _____

I hereby consent to my child attending the 'Donkey' Performance at Belconnen High School on Wednesday, 13 September 2023.

Cost: \$7.00

Code: Belconnen 3-6

Please check the appropriate boxes:

I have read and understand the attached information page for the event/excursion, and I consent to the 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 (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.*

I confirm payment of \$ 7.00 via Westpac Quickweb (<http://www.monashps.act.edu.au/payment>) Ref Code: Theatre 3-6

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: *(FILL IN IF CONTACT NUMBERS ARE NEW)*

Parent/Carer Contact Number: Name: _____ Number: _____

Parent/Carer Contact Number: Name: _____ Number: _____

Home Telephone Number: _____

Please change my "Other Emergency Contact" to: *(please include full name and contact number)*

Full Name & Signature of Parent/Carer:

Date:

