



## **Einstein First & Quantum National Launch**

### **PURPOSE OF ACTIVITY:**

Year 3/4 Atom Frenzy. This lesson gives students their first exposure to our modern understanding of matter and light.

Year 5/6 Maths for Einstein's Universe. This program is designed specifically to create a positive attitude towards Mathematics.

DATE:	DROP OFF AT:	PICKUP APPROX:

Tuesday, 13 June 2023

10.30 am

2.00 pm

VENUE: TRAVEL ARRANGEMENTS:

Shine Dome, Australian Academy of Science Australian National University Bus

COST PER STUDENT: GROUP SIZE: STAFF:

\$ 5.00

Selected Yrs 3-6 students

Tracey Hanson, Emily Howland

#### **ITEMS TO BRING:**

Students are to wear their school uniform.

Students are also to bring their lunch, snacks and a drink bottle.

#### **ADDITIONAL INFORMATION:**

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

Please note if your child's note has not been returned by the due date, their place in the excursion will be offered to another student.

No. Students - 60 No. Staff - 3 Pay using your credit/debit card by:

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

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 Monday, 5 June 2023.





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## PLEASE RETURN TO THE FRONT OFFICE BY Monday 5 June 2023

<mark>Stud</mark>	ent N	<mark>Name:</mark>		<mark>Class:</mark>		
	•	nsent to my child attending the ralian Academy of Science, Au		aunch on Tuesday, 13 June 2023 at the Shine		
Cost:	\$5.00	ס				
Pleas	e chec	k the appropriate boxes:				
	arrang by the partic	e read and understand the attached information page for the event/excursion and I consent to the payment and travel agements. PLEASE NOTE: If you fill in this form, your personal information and that of your child will be collected and hand are ACT Education Directorate (ETD) (Monash School). This information is necessary for us to be able to manage student cipation in excursions, and support the welfare and safety of your child. If you do not consent to supply us with this mation your child will be unable to participate in the excursion.				
	I confirm payment of \$5.00 via Westpac Quickweb ( <a href="http://www.monashps.act.edu.au/payment">http://www.monashps.act.edu.au/payment</a> ) using Reference: QUANTUM					
	I understand that the cost of buses is non-refundable as prices are determined by the total number of children travelling child is unable to attend the excursion, and I require a refund (less bus fare), I should make a request in writing, within a after the excursion to the Business Manager.					
	The S	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.					
	<u>date</u> .	_	ith any updated medical inform	d/children held at the school are correct and up to nation or contact numbers as soon as possible.		
	I need to <b>UPDATE</b> the information held at the school as follows: (ONLY FILL IN IF THE SCHOOL DOES NOT HAVE THIS INFORMATION)					
		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)					
i —						
Full	Name	e of Parent/Carer:		Date:		