

YEAR 7 ACTIVITIES DAY

Dear Parents/Carers,

As the school year draws to a close, all students participate in an Activities Day during the final week of school. The day will be held with all Year 7 students, ACE teachers and Year Coordinators. It is an opportunity to reflect on the year and enjoy each other's company in a fun and relaxed environment.

This year, we will meet at school at the normal time, once we are ready, walk to Belconnen Mall to watch a movie at Hoyts Cinemas, then walk to John Knight Memorial Park for a BBQ lunch, games/activities and a play on the equipment. At the conclusion of the day, we will walk students back to school in time to make their normal arrangements home. Staff will supervise and accompany students at all times during the day.

What:	Year 7 Activities Day
When:	Monday 11 th December (Week 10)
Where:	Hoyts Belconnen and John Knight Memorial Park
Cost:	\$15 (which includes the movies, a BBQ lunch, a drink and fruit) Payment options attached
Movie:	Coco (pre-release) (Rated PG)

All students need to wear full school uniform to attend.

They should bring the following items: hat, sunscreen and water bottle.

Students will need to bring their own recess and a snack as they will not be able to purchase food or drinks at the cinemas.

Normal school rules apply for any prohibited items, such as soft drink.

We ask that families please indicate any dietary requirements for your child on the permission note attached.

Please return the permission note and make payment no later than Monday 4th December.

If you have any questions or concerns, please do not hesitate to contact us or your child's ACE Teacher.

Kind Regards,

Simon Beasley
Simon.Beasley@ed.act.edu.au

Natalie Darby
Natalie.darby@ed.act.edu.au

Year 7 Coordinators



Activity: Cinemas and games/activities/equipment at John Knight Memorial Park	Date of Excursion: Monday 11th December
Venue: Hoyts Cinemas at Belconnen Mall and John Knight Memorial Park	Times: Normal school day
Transport: Students and staff will walk to and from the venues.	Accompanying Staff: Year Coordinators and Year 7 ACE Teachers
Equipment Required: School Uniform Suitable Footwear Recess/Snacks Hat and Drink Bottle Sunscreen	Cost: \$15 per student. This includes entry to the movie, a BBQ lunch, a drink and fruit
	Other information: Permission note needs to be handed to your ACE teacher by Monday 28th November

The accompanying staff member/s 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.

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 inform children of the risk to themselves, to others and property, of impulsive, wilful or disobedient behaviour. All students attending will be expected to give their full commitment to ensuring that the excursion is enjoyable, safe and successful for everyone concerned. We expect that the students behave responsibly at all times, and that **any misconduct will be treated seriously and may require offending students to be sent home at the cost to the parents / guardians.**

A Medical Information Form & Permission Note is enclosed. Please complete and return them to school as soon as possible.

If you have any queries or concerns, please do not hesitate to contact the Year Coordinators or your child's ACE Teacher.

Kind Regards,

Simon Beasley

Natalie Darby

Year 7 Coordinator

Year 7 Coordinator

PERMISSION NOTE and MEDICAL INFORMATION

Please return this sheet, filled out front and back and with appropriate signatures as soon as possible

I give permission for my child (Full name) _____	
To participate on Monday the 11 th of December 2017 in the: <u>Year 7 Activities Day Movie and BBQ</u>	
Dietary Requirements: _____	
Parent/Guardian Contact Information:	
Full Name: (please print) _____	
Contact telephone Nos:	
Business hours:	Mobile:
Parent/Guardian Signature: _____	

If your child suffers any of the following an emergency treatment plan must be provided. Proforma plans are available from the school (NB. Without an emergency treatment plan the school can only provide first aid treatment):

- | | | | | |
|------------------------------------|---|--|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy | <input type="checkbox"/> hay fever | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> asthma | <input type="checkbox"/> diabetes | <input type="checkbox"/> fainting | <input type="checkbox"/> headaches | <input type="checkbox"/> reaction to drugs |
| | <input type="checkbox"/> eczema | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |

Medical concerns the teacher needs to be aware of for the day: _____

Consent to medical attention. In the case of an emergency, I authorise the school, where it is impracticable to communicate with me, to arrange for the student to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay costs which may be incurred for medical attention, ambulance transport and drugs while the student is on the camp/excursion/outdoor adventure activity.

Parent/Guardian Signature:Date:

I (Student) understand that this excursion is regarded as a normal school day and normal school rules apply.

Signature of Student

Year 7 Activities Day – 2017

Payment Details

FEE CODE: 7ACTIVITY

EXCURSION TITLE: Year 7 Activities Day

PAYMENT OPTIONS

1. **Payment in person** at school Front Office-between 8:15am & 2:30pm Mon-Fri
EFTPOS facilities are available. Cheques made payable to Canberra High School

2. **Direct Deposit:** Bank: Westpac
BSB: 032777 Acc. No. 001113
Acc. Name: Canberra High School

3. **Canberra High School Website:** www.canberraahs.act.edu.au
(QUICKWEB)

4. **Phone Payments –** Credit cards Phone: 62057000 or 62057028

Please debit my Mastercard Visa

Card Number: - - -

Card Expiry Date: _____ Name on card: _____

Parent/Carer: _____ Student Name: _____

Total Amount Paid: \$ _____

Cardholders Signature: _____

Contact Phone number of Cardholder: _____

NB: For direct deposits please ensure you specify the student name and excursion name as a reference

Refund Policy: If a student and/or parent has made a financial commitment to an excursion and if the student is unable to attend for any reason (except in the case of sudden illness), the student and/or parent is entitled to a refund of money paid minus any non-refundable financial outlay that the school has made on behalf of that student. The school will endeavour to find a replacement for that student, in which case, all money will be refunded. The usual appeal provisions apply.