



Dear Parents and Carers

The following details relate to an educational excursion to John Knight Park which is being organised for the Fit 4 Life class.

<u>Name of Excursion:</u> Fit 4 Life Frisbee Golf Excursion	<u>Date of Excursion:</u> Wednesday week 10- (1 July 2020)
<u>Venues</u> John Knight Park	<u>Times:</u> 1:10-2:50
<u>Transport:</u> Students will walk to John Knight park accompanied by their classroom teacher Michael Maloney.	<u>Accompanying Staff</u> Michael Maloney
	<u>Cost:</u> Free
<u>Equipment Required:</u> <ul style="list-style-type: none"> • Hat • Water bottle 	<u>Other information</u> <ul style="list-style-type: none"> • <u>Students will be dismissed from John Knight park at 2:50pm</u>

Excursions are offered to enrich student learning. Students are expected to catch up on any work missed whilst on excursion and are encouraged to talk to their teachers beforehand.

Students are expected to be in full school uniform when attending excursions. Students not wearing uniform will not be allowed to attend and will remain at school.

- *The school has made every effort to keep cost for this activity at a responsible level. We have an equity fund which can be used to provide financial assistance for students where parents are unable to make the requested contribution.*
- *Staff accompanying students on excursions 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 warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

Kind Regards
Michael Maloney

Fit 4 Life Frisbee Golf Excursion

I give permission for my child _____ to attend the Canberra High School excursion at John Knight Park on Wednesday 1 July travelling by foot with their classroom teacher.

- *I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for sensible behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.*
- *I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.*

Name of Parent/Carer:

(please print) _____ Signature: _____ Date: _____

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us 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. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion in order to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.

