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 and games/activities. 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 12th December (Week 10)  
**Where:** Hoyts Belconnen and John Knight Memorial Park  
**Cost:** $15 (which includes the movies, a BBQ lunch, a drink and a fruit)  
Payment options attached  
**Movie:** Middle School (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 email us with any dietary requirements for your child.**

If parents have any issues about their child going to the cinemas, an alternate program is available at school. Students would then meet up with the rest of the year group for lunch and activities at the park. The cost for this alternate program would be $5 (including lunch).

**Please return the permission note by Monday 28th November.**

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

Kind Regards,

Rachel Colbert  
Rachel.Colbert@ed.act.edu.au

Cameron Betts  
Cameron.Betts@ed.act.edu.au

Year 7 Coordinators
<table>
<thead>
<tr>
<th><strong>Activity:</strong> Cinemas and games/activities at John Knight Memorial Park</th>
<th><strong>Date of Excursion:</strong> Monday 12th December</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Venue:</strong> Hoyts Cinemas at Belconnen Mall and John Knight Memorial Park</td>
<td><strong>Times:</strong> Normal school day</td>
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<tr>
<td><strong>Transport:</strong> Students and staff will walk to and from the venues.</td>
<td><strong>Accompanying Staff:</strong> Mr Betts and Miss Colbert (Year Coordinators) and Year 7 ACE Teachers</td>
</tr>
<tr>
<td><strong>Equipment Required:</strong> School Uniform Suitable Footwear Recess/Snacks Hat and Drink Bottle Sunscreen</td>
<td><strong>Cost:</strong> $15 per student. This includes entry to the movie, a BBQ lunch, a drink and fruit</td>
</tr>
<tr>
<td><strong>Other information:</strong> Permission note needs to be handed to your ACE teacher by Monday 28th November</td>
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</tr>
</tbody>
</table>

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,

Rachel Colbert  
Year 7 Coordinator  
Cameron Betts  
Year 7 Coordinator
I give permission for my child (Full name)________________________

To participate on Monday the 12th of December 2016 in the:

<table>
<thead>
<tr>
<th>Year 7 Activities Day Movie and BBQ</th>
<th>Alternate program at school and BBQ</th>
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<tbody>
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</tbody>
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I have read the attached information regarding this excursion and understand what it contains.

Full name of Parent/Guardian (please print)________________________________________

Contact telephone Nos – Business hours: Mobile:

Signature of Parent/Guardian ____________________________ Date ___________

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

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:

- [] allergies
- [] blood pressure
- [] epilepsy
- [] hay fever
- [] nose bleeds
- [] asthma
- [] fainting
- [] headaches
- [] reaction to drugs
- [] diabetes
- [] fits or blackouts
- [] heart condition
- [] sight/hearing problems

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: ______________________________________________________

Parent/Guardian Name (Please print): ______________________________________________

Date:  Adam______________________________

I .................................................... (Student) have read and understood the code of conduct and agree to represent the school, my peers and self in a respectful manner.

Signature of Student  Adam______________________________
Year 7 Activities Day – 2016

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.canberrahs.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.