



Excursion: CSIRO Discovery Centre and Australian National Botanic Gardens

Excursion Description: Students attending this excursion will participate in a program at CSIRO Discovery Centre looking at current scientific research, combined with a focus on biological classification. Students will also participate in a program at the Botanic Gardens looking at ecosystems. We will have a picnic lunch at the Botanic Gardens between the sessions, for which students will need to bring their own food.

Departure (Time & Date): 9:00 am Friday, November 16, Week 5

Return (Time & Date): 2:45 pm Friday, November 16, Week 5

Transport: Chartered bus to and from the venue

Cost: \$15.00

Payment due: Tuesday, November 13, Week 5

Cost includes: Entry to venues and participation in programs and transport.

Not included: Food and drinks. Students will need to bring their own recess, lunch and drinks. There will NOT be an opportunity to buy food.

Attending staff: Natalie Darby, Nicole Hamilton, Lindsay Nailer, Phil Dunne

Contact details: 6142 0800

Uniform: Full school uniform must be worn while on this excursion

Other information: Places on this excursion are limited. To secure a place you need to return the signed note and pay at the front office. Places will be allocated on a first come first served basis. There are 100 places available.

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 / ward

To participate in the **CSIRO Discovery Centre and Australian National Botanic Gardens excursion**
on **Friday 16th November**

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: After 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:

- | | | | | |
|--------------------------------------|---|--|--|---|
| <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"/> bed wetting | <input type="checkbox"/> eczema | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> 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.

Signed:

Parent/Guardian **Date:**

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

While on the excursion, I will be absent from the following classes. I understand that I will need to catch up on the work I will miss due to being on this excursion.

Excursion details	Period 1	Period 2	Period 3	Period 4	Period 5

Full name of student (please print).....

Signature of Student **Date**

FEE CODE: CSIRO

EXCURSION TITLE: CSIRO Discovery Centre

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: 6142 0800 or 6142 0807

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.