



Name of Excursion: Year 9 Activity Day	Date of Excursion: 11/12/2017 (Monday)
Venue: AMF Bowling Belconnen and Lake Ginninderra foreshore (John Knight Park)	Times: 8:35 - 2:45 (we will return to school before 2:50pm)
Transport: Students will be walking to and from the venues	Accompanying Staff: Angela Cleland, Jonathan Walker, Graeme Falls, Conor Laenen plus all Year 9 ACE teachers
Equipment Required: <ul style="list-style-type: none">• School uniform (compulsory)• Hat• Sunscreen• Snacks• Water• Warm clothing (if required)• Suitable shoes for walking to and from the event	Other information <ul style="list-style-type: none">• School as normal in the morning• Cost \$20 to be given to the front office with your permission note• Cost includes bowling, BBQ lunch, fruit and drink• Notes and money to be returned by Thursday 23rd November• We will be leaving school at approximately 9:15am• There will be no provision to buy food or drinks at AMF Bowling or other venues

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. **Students may not be allowed to attend if they have not been adhering to the CARES values at school this year.**

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.

The following are the Codes of Conduct that students should be aware of:

- Be sensible walking to and from the venues.
- Be respectful of others.
- Treat all people, as YOU would like to be treated.
- Observe all the rules.
- Control your behaviour.
- Cooperate with your teachers and other supervising adults.

Phil Beecher
School Principal

Angela Cleland & Jonathan Walker
Year 7 Coordinators

PERMISSION NOTE and MEDICAL INFORMATION

*Please return this sheet, filled out with appropriate signatures and payment to the front office **by Thursday 23rd November 2017***

I give permission for my child / ward

to participate in the Year 9 Activity Day (Bowling and Lake Ginninderra foreshore)

on **Monday 11th December** 2017 at AMF Bowling Belconnen and Lake Ginninderra.

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:

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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 (**in full school uniform**), my peers and self in a respectful manner.

We would like to know if you have any dietary requirements (lunch will be a sausage sizzle and drink).

Excursion details	Do you have any dietary requirements? If yes, please give details
Year 9 Activity Day	

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

Signature of Student **Date**

FEE CODE: BOWLING

EXCURSION TITLE: Year 9 Activity 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: 032 777 Acc. No. 001 113
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
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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: _____