



Dear Parents and Carers

The following details relate to an educational excursion to Belconnen Zone Bowling Centre which is being organised for the Fit 4 Life class.

<u>Name of Excursion:</u> Zone Bowling	<u>Date of Excursion:</u> Thursday 27/2/2020
<u>Venue:</u> Belconnen Zone Bowling Centre. (Formerly AMF Bowling)	<u>Times:</u> 1:02 - 2:50
<u>Transport:</u> Students will walk together to centre at the start of lunch from school. Students will be dismissed at 2.50 from the venue.	<u>Accompanying Staff:</u> Tina Negline
<u>Price:</u> \$10 for 1 game <u>Equipment Required:</u> Full school uniform	<u>Other information</u> <ul style="list-style-type: none">• Meet outside the gym at the start of lunch• Permission note and medical information needs to be returned by Friday 21 February. Payment for the excursion must be paid by Monday 24 February.

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.

- *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,
Tina Negline

I give permission for my child _____ in class _____ to attend the Canberra High School excursion at Belconnen Zone Bowling Centre on 27th February 2020 travelling by means of walking to the venue from school accompanied by their classroom teacher Tina Negline.

My child will be : allowed to make their own way home after the event
: picked up by parent/guardian

- *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.

Student Name: _____

Zone Bowling

PAYMENT OPTIONS

Fee Code: BOWLING

1. **Payment in person** at the 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 Account name: Canberra High School BSB: 032777 Account number: 001113
3. **Canberra High School Website** www.canberraahs.act.edu.au
4. **Phone Payments** – Credit cards Ph: 6142 0800 or 6142 0807

Please debit my Mastercard Visa

Card Number _____ - _____ - _____ - _____

Card Expiry Date ____/____ Name on card _____

Parent/Carer _____ 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