

THIS
EXCURSION
IS NOW
FULLY
BOOKED



Canberra High School
— ESTABLISHED 1938 —

03 March, 2017

Year 8 Mandarin Students Sydney Excursion

Dear Parents/Caregivers,

To give students a firsthand cultural experience, an excursion to Chinatown, Sydney is proposed for the 22nd and 23rd of June 2017, for the Year 8 Mandarin classes and possibly several senior class members as peer leaders.

The cost is \$170, which includes transport and accommodation at Sydney Railway Square YHA Hotel, admissions, one full breakfast and a Yum-cha lunch on Day 2.

This opportunity is optional for the students and the first forty students to return their note and pay their deposit will be able to go. Please pay the deposit and return the permission note to the front office at your earliest convenience. Please note that as this is an interstate and extracurricular activity, students with records of persistent non-compliance will not be able to participate.

This is the proposed itinerary:

Thursday 22/6/2017

8:00 AM	roll call
8:15	depart from CHS
9:45	short break
11:30	Buddhist temple in Bonnyrigg
12:30 PM-1:30	shop and lunch in Cabramatta
2:30-3:00	check in hotel (Sydney Central YHA)
3:00-3:30	lunch & walk to Chinese Garden
4:00-5:00	Chinese garden
5:00-6:30	walk in Darling Harbour
6:30-8:00	dinner & explore Chinese shops in Chinatown
8:30-10:00	Movies or games at hotel
10:30	Curfew

Friday 23/6/2017

8:00AM -9:00	Breakfast
9:30-10:00	check out
10:00-11:00	NSW Evergreen Taoist Church
11:15 -12:45	Paddy's Markets
1:00- 2:00	Yum-cha lunch in Zilver Restaurant
2:00	depart from Chinatown
3:30-4:00	short break
6:00	arrive at CHS

Please feel free to contact Bingfu Chen or Weiwei Zheng on 62057038 or Bingfu.Chen@ed.act.edu.au or wei.zheng@ed.act.edu.au if you need any other information about the excursion.

Phone 02 6205 7000 • Fax 02 6205 7006

Address Bindubi Street Macquarie ACT 2614

Email info@canberraahs.act.edu.au • Web www.canberraahs.act.edu.au



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If you would like your child to participate in this excursion, please pay a deposit of \$50 before Friday 28/04/2017 to secure a place for the hotel and bus booking. The full payment is payable by Friday the 9th of June. Please find the information below for payment.

FEE CODE: Mandarin

EXCURSION TITLE: Mandarin Sydney excursion

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.canberraahs.act.edu.au
(QUICKWEB)
 4. **Phone Payments – Credit cards** Phone: 62057000 or 62057028
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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: _____

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.

Permission note

I _____ give permission for my child _____ in the Year _____

Mandarin class to participate in the Sydney Excursion on 22-23/6/2017.

Parent's signature: _____

Contact Number: _____ Email address: _____

Food allergy and/or Special dietary requirement

Does your child have any kind of food allergy? _____

If yes, details are:

Parent's Signature: _____

Does your child have special dietary requirement? _____

If yes, details are:

Medications

On a separate form



Australian Capital Territory

EDUCATION & COMMUNITY SERVICES

MEDICAL INFORMATION AND CONSENT FORM

**This form is to be used for category C & D excursions, overseas excursions and all outdoor adventure activities.
A copy of each student's form must be taken on the excursion.**

The form is intended to assist the school in case of any medical emergency with the student. All information is held in confidence.

School: Camp/Excursion:

Student's Name: Date of Birth: School Year:

Parent/Guardian:

Address:

Telephone Contact Nos - Business Hours: After Hours:

Other Contact for Emergency: Telephone No:

Name of Student's Doctor: Telephone No:

Medicare No: Medical/Hospital Insurance Fund: Fund No:

Ambulance Fund: I am aware that I am responsible for ambulance costs outside the ACT:

Please tick if your child suffers any of the following:

- | | | | | |
|--------------------------------------|---|--|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy | <input type="checkbox"/> hayfever | <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 |

other - give details:

If you have ticked any boxes please give details:

.....

Date of last Tetanus injection:

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks? Yes No

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion.

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Is the student presently taking any medication? Yes No

If YES, please state name of medication, dosage, etc:

The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the students name, dosage and frequency of administration.

Do you consent to the student receiving paracetamol eg. Panadol, Dymadon for temporary pain relief, high temperature or fever? Yes No

Are you aware of any physical or psychological limitations of your child? Please give details.

.....

Is there any other information which you believe may help us to provide the best possible care?

.....

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:

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Department of Education & Community Services.