



Canberra High School  
— ESTABLISHED 1938 —

27 August 2017

## Jazz Band play Floriade

Dear Parents & Carers,

The Canberra High Jazz Band will be performing at Floriade on Monday 18<sup>th</sup> September starting at 2:00pm. The performance is an opportunity to showcase the band's combined efforts through 2017. It will also serve as a fitting send off for our graduating Year 10's and students are encouraged to bring tissues if they feel they may be needed.

Cost for bus travel to and from Floriade will be \$8 and is payable to the front office with the permission note below by Friday, 8<sup>th</sup> September

Parents and families are, of course, very welcome to attend the performance and make the most of the ambience, flowers and views. They will be performing at the Regatta Point Stage, located at the Ferry Gate entrance to Floriade.

<b>VENUE:</b>	Floriade, Commonwealth Park
<b>TRAVEL:</b>	Keirs Coaches
<b>BRING:</b>	Instrument, charts, spare reeds, valve oil, sticks, etc.
<b>WEAR:</b>	Full school uniform
<b>SCHEDULE:</b>	<b>12:00</b> Arrive at 220 to collect instruments/ music/ stands
	<b>1:00</b> Arrive at Floriade and move gear from Bus to stage
	<b>2:00</b> Performance
	<b>2:30</b> Finish and pack down
	<b>3:15</b> Leave Floriade for Canberra High
	<b>3:30</b> Arrive at school - lug gear/ stands to Music room.
	<b>3:45</b> Students dismissed

If you would like to discuss this further with me, please contact me on 6142 0828 or on the email listed below.

Yours sincerely,

Steve Crispin  
Band & Music Teacher/ Jazz Guy

Email: [steven.crispin@ed.act.edu.au](mailto:steven.crispin@ed.act.edu.au)

# 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 Jazz Band at Floriade excursion  
on 18<sup>th</sup> September, 2017.

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: FLORIADE

## EXCURSION TITLE: Floriade-Jazz Band

### 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](http://www.canberraahs.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: \_\_\_\_\_

**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.