



Canberra High School
— ESTABLISHED 1938 —

Year 7 Activities Day

Dear Parents and Carers,

As the school year draws to a close, all students participate in an Activities Day during the final week of school. The following details relate to an excursion to Bowling/Movies and then lunch and activities at Lake Ginninderra which is being organised for all Year 7 students. Students are required to return their permission note, **and entry cost** to the front office by Friday **3rd of December**

IMPORTANT INFORMATION:

Event: Year 7 End of Year Activities Day

Venue: Zone Bowling or Hoyts Belconnen and then onto the Lake

Date: December 13th 2021

Time: 8:40am meet at school

Transport: Walking

Cost: \$20- Movie, popcorn and water and lunch

\$20- Bowling and lunch

Food: Sausage sizzle lunch is provided. Please provide any dietary requirements on the permission note form. Students can bring a small snack for morning tea.

Valuables: Please leave your valuables at home. Anything taken will be done so at your own risk.

Safety/Emergency procedures

If needed, you can contact the teachers in charge through the school's front office on 61420800. In an emergency the school has access to all pool facilities and the appropriate emergency services.

Kind Regards

Samara Chisholm
Principal

Phone 02 6142 0800 • **Fax** 02 6142 0806
Ngunnawal Country

Address Bindubi Street Macquarie ACT 2614

Email info@canberrahs.act.edu.au • **Web** www.canberrahs.act.edu.au

ABN 16 237 342 597

I give permission for my child _____ to attend

Bowling and Lake Ginninderra

OR

Hoyts Belconnen and Lake Ginninderra

on **13th December**, walking to both venues.

I enclose **\$20**

Medical notes that were received by the school at the beginning of the year will cover this excursion. Please inform the school of any changes to your child's medical note.

Code of conduct and Parental agreement:

- *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. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent.*
- *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.*
- *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 event.*
- *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. I agree to provide any relevant medical information to the school in regard to the excursion.*

• Name of Parent / Carer: *(please print)* _____

• Signature: _____

• Date: _____

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.

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 Education and Training Directorate.

PAYMENT OPTIONS

FEE CODE: EOY7

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. **Canberra High School Website:** www.canberrahs.act.edu.au
(QUICKWEB)
3. **Phone Payments – Credit cards** Phone: 6142 0800

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: _____

As this is an optional enrichment activity, payment will be required to cover the costs. The school has made every effort to keep costs for this activity at a reasonable 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. If however there is insufficient total funding available to meet the cost of the camp/excursion, regrettably we may not be able to proceed.

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.*

