



Canberra High School
— ESTABLISHED 1938 —

CSIRO and Botanical Gardens

Dear Parents and Carers,

This activity is to reinforce class content on our Biology topic – Classification and Ecology. Students will be given the opportunity to attend a guided session at the CSIRO Discovery Centre and explore the National Australian Botanical Gardens. Given the limitations of numbers, it is anticipated the excursion will fill fast and it will be a first in first served basis.

<u>Name of Excursion:</u> CSIRO Discovery Centre and National Australian Botanical Gardens	<u>Date of Excursion:</u> Monday 13 November 2023
<u>Venue:</u> CSIRO and Botanical Gardens	<u>Times:</u> 9:00am to 2:30pm
<u>Cost:</u> \$20	<u>Accompanying Staff:</u> Nicole Hamilton, Phil Dunne, Ryan Cummings and Maya Downs
<u>Transport:</u> Traveling by Bus	<u>Items to Bring:</u> Food and Drink

Please return your note and money to the front office to hold your place on this excursion as there are only 102 places.

Notes & Payment Due: Thursday 9th November 2023

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.

Kind Regards,

Science Faculty

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

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CSIRO and Botanical Gardens

I give permission for my child _____ in class _____ to attend the Canberra High School excursion to the CSIRO and the Botanical Gardens on 13/11/23.

I enclose \$20

- *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.*
- *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.*
- *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.*

Name of Parent/Carer:

(please print) _____

Signature: _____ Date: _____

Medical notes that were received by the school will cover these excursions

If your child's medical conditions have changed since filling the medical form out at the beginning of the year please contact Melinda Harrison (chsexursion@ed.act.edu.au) for a copy of a new medical form.

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.

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Student Name: _____

PAYMENT OPTIONS

Fee Code: ____CSIRO ____

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. **Canberra High School Website** www.canberrahs.act.edu.au
3. **Phone Payments** – Credit cards Ph: 6142 0800 or 6142 0807

**CREDIT CARD PAYMENTS CAN ONLY BE MADE OVER THE
PHONE AND/OR IN PERSON**

Please do not leave any details on this form

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.