



Canberra High School
— ESTABLISHED 1938 —

Dear Parents and Carers,

Your child has the opportunity to attend, as part of the Canberra High School LEAD group, the B.FIRM Leadership day. Students will have the opportunity to develop their leadership skills through a number of team initiatives that will challenge them both physically and mentally. Students will gain advice on how to make good choices, build their confidence in making decisions and leading others.

Details for the event are as follows:

Date: Tuesday 14th December, 2021

Time: 9:00am – 2:50pm

Location: B.FIRM Outdoor activity centre 250 Narrabundah Ln, Symonston ACT 2603

Transport: Students will be transported to and from the day via a chartered bus.

Catering: Students will need to bring their own morning tea and water and lunch will be provided. Lunch will be a barbecue with vegetarian/vegan options.

Equipment: Old clothes and shoes that may get muddy, a towel, hat, drink bottle, clean change of clothes and snacks.

Cost: \$105

Supervising teachers: Scott Dziubinski and Benjamin Crossman

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.

Please go to the link below to sign the waiver for the B.FIRM venue

<https://bfirm.com.au/canberra-high-school/>

Kind Regards,

Scott Dziubinski and Benjamin Crossman

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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I give permission for my child _____ in ACE class _____ to attend the Canberra High B.FIRM leadership day on 14/12/2021, travelling by bus to and from the venue.

- *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: _____

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.

Medical notes that have been received by the school will cover these excursions. Please inform the school of any changes to your child's medical note.

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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FEE CODE: BFIRM EXCURSION TITLE: B.FIRM LEAD DAY

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. Canberra High School Website: www.canberrahs.act.edu.au
(QUICKWEB)

3. Phone Payments – Credit cards Phone: 61420800 or 61420807

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.

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