**Year 9 Activity Day**

Dear Parents and Carers,

The following details relate to an excursion to Canberra Olympic Pool (Civic Pool) which is being organised for all Year 9 students to celebrate the end of the year. Students are to make their own way to and from the pool. They will undergo a swimming proficiency test on arrival. The swim test will be a 25m swim without touching the bottom of the pool.

|  |  |
| --- | --- |
| **Name of Excursion:**  Year 9 End of Year Activity Day | **Date of Excursion:**  Monday 11 December 2023 |
| **Venue:**  Olympic Pool  Allara St, Civic | **Times:**  09:00am – 2:30pm |
| **Cost:**  $15  entry to pool and BBQ lunch | **Accompanying Staff:**  Renee Kirkpatrick, Lachlan Terry, Angela Gaskin, Mary Philips, Karen Brown, Karl Luedtke, Phil Dunne, Maria Giannini, Andrew Kay, John Chisholm, Peggy Halas, Penny Jordan, Graeme Lambert, Steve Crispin |
| **Transport:**  Students are to make their own way to and from the pool. | **Equipment Required:**  Swimming items  Hat and sunblock  Snacks and water bottle |

A BBQ will be provided on the day. Please complete the attached dietary requirement form.

Notes and money are to be returned to the front office by **Monday 4 December 2023**.

Kind Regards

Renee Kirkpatrick and Lachlan Terry

Year 9 Coordinators

**Year 9 Activity Day**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the Canberra High School end of year 9 excursion to Olympic Pool in Civic on Monday 11/12/23.  Students will make their own way to and from the pool.

I understand the cost will be $15.

* *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 (Melinda.Harrison@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](http://www.det.act.gov.au)) on the About Us page.

**Year 9 Activity Day**

**PAYMENT OPTIONS Fee Code: Yr9Activity**

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](http://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.

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Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergy and special dietary requirement**

Does your child have any food allergies? (Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Yes, please specify here:

Does your child have any special dietary requirements? (Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_

If Yes, please specify here:

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_