

PLENTY PARKLANDS PRIMARY SCHOOL

EXCURSION/SPECIAL EVENT NOTICE

Date:

TITLE:	Fun Day
HOME GROUPS INVOLVED:	5-3, 5-4, 5-5, 5-6
VENUE: Gravity World	
DATE OF EXCURSION/SPECIAL EVENT: Mode of travel: Bus	Date: 17/12/2018 Departing at: 9am Returning at: 3pm
COST: Reminder: If there is any difficulty in paying on time, please phone the Principal or Business Manager to discuss arrangements.	\$32 <small>Please note that the cost includes all charges for the event/excursion including, where relevant, transport costs, entry fee, venue, room and equipment hire and any other specific costs associated with the delivery of the program. If, for an exceptional reason your child does not travel to or from the event in the bus, for example, the school is still charged the full amount for transport and so unfortunately we cannot deduct costs from this amount.</small>
WHAT TO BRING:	School uniform including school hat, snack, drink bottle and lunch.
SPECIAL REQUIREMENTS:	
SPECIAL MEDICAL REQUIREMENTS OF YOUR CHILD:	<small>Reminder: It is a parent/guardian's responsibility to send any specific medical requirements, such as asthma puffer, etc. Pack your child's medication and hand it (with specific instructions) to your child's teacher. It is a teacher's responsibility to collect the EpiPen bag from the first aid room or the hypo kit from the classroom.</small>
NOTICE AND PAYMENT MUST BE RETURNED BY: <i>Please note: payment will NOT be accepted after the due date.</i>	3.30pm on 7/12/18

If paying by cash/ credit card/ cheque or CSEF please return permission section to the school by the due date.
No need to return permission section if paying by Qkr.

I give permission for my child _____ of home group _____ to attend the excursion to Gravity Zone

If the emergency contacts are unavailable I authorise the teacher in charge to consent to my child receiving such medical treatment as deemed necessary by a medical practitioner.

Yes No If no consent is given what should the school do? _____

Emergency contacts on the day of the excursion

Name _____ Phone no: _____

Name _____ Phone no: _____

Date _____ Signature _____



Amount enclosed: _____ **Qkr /Cash/Credit Card/CSEF** (please circle)

Credit Card payment ✂-----

PLENTY PARKLANDS PRIMARY SCHOOL – CREDIT CARD VOUCHER (to be used for amounts of \$10 and over)

Child's name	Home Group	Payment for: eg. Camp	Amount

Please charge my: Bankcard Visa Mastercard Amount: \$ _____

Card Number _____

Expiry Date: ____ / ____ Name on Card: _____

Signature of Cardholder: _____ Phone No. _____ Date: _____