

PLENTY PARKLANDS PRIMARY SCHOOL

EXCURSION/SPECIAL EVENT NOTICE

Date: 29/03/18

TITLE:	PREP FARM EXCURSION
CURRICULUM AREA:	Science
HOME GROUPS INVOLVED:	P-9, P-10, P-11, P-12, P-13
VENUE:	Chesterfield Farm
DATE OF EXCURSION/SPECIAL EVENT: Mode of travel: Seat belted Bus	Date: Monday 14th May Departing at: 9:00am Returning at: 3:00pm
COST: Reminder: If there is any difficulty in paying on time, please phone the Principal or Business Manager to discuss arrangements.	\$ 23
WHAT TO BRING: (Sunscreen – to be reapplied every two hours if the activity is outdoors)	Please bring along a small, clearly named backpack containing your child's snack, lunch and a drink bottle (water only).
SPECIAL REQUIREMENTS:	Students are to wear their school uniform. Gum boots instead of runners are STRONGLY encouraged. Depending on the weather, students may bring (clearly labelled) jackets, beanies and scarves as required.
SPECIAL MEDICAL REQUIREMENTS OF YOUR CHILD:	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.
PARENTAL ASSISTANCE REQUIRED:	No parental assistance is required for this excursion.
NOTICE AND PAYMENT MUST BE RETURNED BY: <i>Please note: payment will NOT be accepted after the due date.</i>	Monday 7th May

✂----- Please cut off and return bottom section to the school by the due date -----Parent permission

I give permission for my child _____ of home group _____ to attend the excursion to Chesterfield Farm.

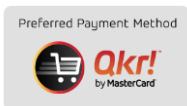
If the emergency contacts are unavailable I authorise the teacher in charge to consent to my child receiving such medical treatment as deemed necessary by a medical practitioner.

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/Cheque/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: _____

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Parent assistance

No parent assistance is required for this excursion.