

# PLENTY PARKLANDS PRIMARY SCHOOL

## EXCURSION/SPECIAL EVENT NOTICE

**Date: 4<sup>th</sup> November, 2022**

<b>TITLE:</b>	<b>Scienceworks</b>
<b>CURRICULUM AREA:</b>	<b>End of Year Fun Day</b>
<b>HOME GROUPS INVOLVED:</b>	3-25, 3-26, 3-27 and 3-28 Ms Moritis, Mrs Philippedis (teacher in charge), Mrs Di Cecco and Mrs Harry
<b>VENUE:</b>	Scienceworks 2 Booker Street, Spotswood VIC 3015
<b>DATE OF EXCURSION/SPECIAL EVENT:</b>	<b>Date:</b> Monday 12 <sup>th</sup> December, 2022
<b>Mode of travel:</b> bus with seatbelts	<b>Departing at:</b> 9:30am <b>Returning at:</b> 3:00pm
<b>COST:</b>	<b>\$20</b>
<b>Reminder:</b> If there is any difficulty in paying on time, please phone the Principal or Business Manager to discuss arrangements.	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.
<b>WHAT TO BRING:</b> (Sunscreen – to be reapplied every two hours if the activity is outdoors)	A small bag containing water bottle, snack and lunch, as well as asthma puffers for those students who require these.
<b>SPECIAL REQUIREMENTS:</b>	School uniform <b>must</b> be worn, including PPPS school hat.
<b>SPECIAL MEDICAL REQUIREMENTS OF YOUR CHILD:</b>	<b>Reminder:</b> 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.
<b>PARENTAL ASSISTANCE REQUIRED:</b>	Parent volunteers must hold a valid WWC check and have participated in the school's Volunteer Training session. <b>Please reply by: Monday 21<sup>st</sup> November</b> Volunteers will be notified by: Friday 25 <sup>th</sup> November, 2022
<b>NOTICE AND PAYMENT MUST BE RETURNED BY:</b> <i>Payment will NOT be accepted after the due date</i>	<b>3.30pm on Monday 5<sup>th</sup> December, 2022</b>

If paying by cash/credit card, CSEF or School Credit please return permission section to the school by the due date.

No need to return permission section if paying by Qkr.

If you are using your School Credit and have a balance to pay, you can make this payment using Qkr selecting Other Payment / Miscellaneous Payment. When using this option please return your signed permission form to the school.

### Parent assistance:

Please provide the following details by e-mail to Mrs Rose Di Cecco [rosetta.dicecco@education.vic.gov.au](mailto:rosetta.dicecco@education.vic.gov.au): Student's name and home group; Adult's name and daytime contact phone number.

I am available to help with the year 3 excursion on Monday 12<sup>th</sup> December. I understand that because of my duty of care for the students at PPPS, I cannot bring other children. I have completed the Volunteer Training Program and I hold a valid WWC check. I understand my responsibilities to live by the PPPS values and abide by the excursion protocols. I also agree that I will not take phone calls from, or phone, text, or send photos to other Plenty Parklands families while on the excursion. I agree to wait until after the excursion before posting photos of my own child on any form of social media. I understand that I do not have permission from the school or other families to post photos of other children. If in the case that more parents volunteer than places available, the teaching staff will make the decision as to which parent/s is/are best suited to assist.

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I give permission for my child \_\_\_\_\_ of home group \_\_\_\_\_ to attend.

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? \_\_\_\_\_

In case of emergency I can be contacted on: Name: \_\_\_\_\_ Phone no: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Amount enclosed: \_\_\_\_\_ **Qkr /Cash/Credit Card/CSEF/School Credit (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:  Visa  Mastercard Amount: \$ \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ Name on Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Phone No. \_\_\_\_\_ Date: \_\_\_\_\_