

PLENTY PARKLANDS PRIMARY SCHOOL

EXCURSION/SPECIAL EVENT NOTICE

Date: 3rd November

TITLE: CURRICULUM AREA:	Year 1 Fun Day to Chesterfield Farm
HOME GROUPS INVOLVED:	1-14, 1-15, 1-16, 1-21, 1-22 Miss White, Mrs Woodhouse, Miss Murphy, Ms Gioules, Mr Poyser
VENUE:	Chesterfield Farm, 1221 Ferntree Gully Rd, Scoresby VIC 3179
DATE OF EXCURSION/SPECIAL EVENT: Mode of travel:	Date: Monday 12th December 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.	\$24.00 <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: (Sunscreen – to be reapplied every two hours if the activity is outdoors)	Full school uniform, school hat, sunscreen, bottle of water, packed snack and lunch in a small backpack.
SPECIAL REQUIREMENTS:	none
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:	Parent volunteers must hold a valid WWC check and have participated in the school's Volunteer Training session. Please reply by: 28 th November Volunteers will be notified by: 3 rd December
NOTICE AND PAYMENT MUST BE RETURNED BY: Payment will NOT be accepted after the due date	3.30pm on Monday 5th December

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 notify the staff member listed if you are able to assist on the day) **Please provide the following details by e-mail to belinda.woodhouse@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 1 excursion on **Monday 12th December**. I understand that because of my duty of care for the students at PPPS, I cannot bring other children. 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.

✂-----

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: _____

