

PLENTY PARKLANDS PRIMARY SCHOOL

EXCURSION/SPECIAL EVENT NOTICE

Date: 28th March, 2018

TITLE:	Scienceworks
CURRICULUM AREA:	Science
HOME GROUPS INVOLVED:	All year 1 classes
VENUE:	Scienceworks – 2 Booker St, Spotswood
DATE OF EXCURSION/SPECIAL EVENT: Mode of travel: bus	Wednesday 2nd May, 2018 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
WHAT TO BRING:	Snack, lunch and water bottle in a small backpack.
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 have already completed the Volunteer Training Program and hold a valid WWC check. Please cut off and return bottom slip by: Friday 20th April Volunteers will be notified by: Thursday 26th April
NOTICE AND PAYMENT MUST BE RETURNED BY: <i>Please note: payment will NOT be accepted after the due date.</i>	Friday 27th April

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

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

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:	Amount
		Scienceworks excursion	

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

Card Number _____

Expiry Date: ____ / ____ Name on Card: _____

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

Parent assistance:

Please read below and if you would like to assist on the day, email your **name and mobile number** to your child's classroom teacher by: **Friday 20th April**.

As a parent volunteer I am available to help with the year 1 excursion on Wednesday 2nd May, 2018. I understand that because of my duty of care for the students at PPPS, I cannot bring other children on the excursion. I have completed the Volunteer Training Program and 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 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 in the unit will make the decision as to which parent/s is/are best suited to assist with the excursion.