

PLENTY PARKLANDS PRIMARY SCHOOL

EXCURSION/SPECIAL EVENT NOTICE

Date: 6.11.2019

TITLE:	Year 6 Fun Day at Latitude Trampoline Park
CURRICULUM AREA:	
HOME GROUPS INVOLVED:	6-1, 6-2, 6-7, 6-8
VENUE:	Latitude Trampoline Park
DATE OF EXCURSION/SPECIAL EVENT:	Date: 16.12.2019
Mode of travel:	Departing at: 10.15am
	Returning at: 2.00pm
COST:	
Reminder: If there is any difficulty in paying on time, please phone the Principal or Business Manager to discuss arrangements.	\$24
WHAT TO BRING: (Sunscreen – to be reapplied every two hours if the activity is outdoors)	Packed snack and lunch, water bottle, sun screen and a 'Sun Smart' hat. Optional: Up to \$10.00 extra personal spending money for optional food/drink.
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:	None
NOTICE AND PAYMENT MUST BE RETURNED BY: Please note: payment will NOT be accepted after the due date.	3.30pm Monday 9th December 2019

If paying by cash / credit card or CSEF please return permission section to the school by the due date and time.

No need to return permission section if paying by Qkr.

I give permission for my child _____ of home group _____ to attend the excursion to Latitude Trampoline Park.

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: _____