

# PLENTY PARKLANDS PRIMARY SCHOOL

## EXCURSION/SPECIAL EVENT NOTICE

Date: 14.11.2017

<b>TITLE:</b>	<b>Year 6 Fun Day at Skaterz</b>
<b>CURRICULUM AREA:</b>	
<b>HOME GROUPS INVOLVED:</b>	6-1, 6-2, 6-7, 6-8
<b>VENUE:</b>	Skaterz Skate Rink & Entertainment Centre, Eltham
<b>DATE OF EXCURSION/SPECIAL EVENT:</b>	<b>Date: 18.12.2017</b>
<b>Mode of travel:</b>	<b>Departing at: 9.15am</b> <b>Returning at: 3pm</b>
<b>COST:</b> <b>Reminder:</b> If there is any difficulty in paying on time, please phone the Principal or Business Manager to discuss arrangements.	<b>\$20</b>
<b>WHAT TO BRING:</b> (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 and arcade game purchases.
<b>SPECIAL REQUIREMENTS:</b>	None
<b>SPECIAL MEDICAL REQUIREMENTS OF YOUR CHILD:</b>	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.
<b>PARENTAL ASSISTANCE REQUIRED:</b>	None
<b>NOTICE AND PAYMENT MUST BE RETURNED BY:</b> <b>Please note: payment will NOT be accepted after the due date.</b>	<b>13.12.2017</b>

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

No need to return permission section if paying by Qkr.

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

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: \_\_\_\_\_