

PLENTY PARKLANDS PRIMARY SCHOOL

EXCURSION/SPECIAL EVENT NOTICE		Date: Thursday 14 June
TITLE:	Gymnastics Program – Physical Education	
HOME GROUPS INVOLVED:	All year 3 and year 4 classes	
VENUE:	PIT Gymnastics, Mill Park 40 Heaths Court	
DATES: Mode of transport: DIAMOND COACHES shuttle bus	27 July, 3, 10, 17, 24, 31 August, 7 September 4-29 and 4-31 departing at 9:15 – lesson 9:30 to 10:30 4-30 and 4-32 departing at 10:15 – lesson 10:30 to 11:30 3-17, 3-18 and ½ 3-14 departing at 11:15 – lesson 11:30 to 12:30 3-19, 3-20 and ½ 3-14 departing at 12:15 – lesson 12:30 to 1:30	
Reminder: If there is any difficulty in paying on time, please phone the Principal or Business Manager to discuss arrangements.	COST: \$60	
SPECIAL REQUIREMENTS:	Water drink bottle. Appropriate clothing. No jewellery. Hair tied back.	
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 completed the Volunteer Training Program and hold a valid WWC check. Please reply by: 28 th June, 2018 Volunteers will be notified by: 17 th July, 2018	
NOTICE + PAYMENT MUST BE RETURNED BY 3:30pm	3.30pm on Friday 20th July, 2018 <i>Please note: payment will NOT be accepted after the due date</i>	

✂----- Cut off and return bottom section to the school by the due date -----
 If you pay on Qkr you do not need to return the form.

Parent assistance (please notify staff member listed if you are able to assist on the dates indicated above). Please provide the following details by e-mail to wood.wayne.s@edumail.vic.gov.au by 28th June.

Student's name and home group, Adult's name and daytime contact phone number

I am available to help with the Gymnastics program on the dates mentioned above. 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 hold a valid WWC check. I understand my responsibilities to live by the PPPS values and abide by the gymnastics program protocols. I also agree that I will not take phone calls from, or phone, text, or send photos to other Plenty Parklands families. 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 with the program.

Parent permission

I give permission for my child _____ of home group _____ to participate in the 7 week gymnastics program at PIT in 2018.

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? _____

Date _____ Parent's name _____ Signature _____

Emergency contacts

Name _____ Phone no: _____

Name _____ Phone no: _____

Amount enclosed: _____ (please circle) Qkr/Cash/CREDIT CARD/CSEF (if eligible)

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: _____