



Dear Parents/Carers,

Year 6 Leavers Excursion - LATITUDE

As part of the celebrations of leaving Primary School, the Year 6 students, Mrs Wood and Mr Blanch will be having an excursion to Latitude on Wednesday 18th December 2019, leaving school at 11:15am and returning for 2:45pm. The total cost of transport, lunch and 90 min of team building activities is \$8.50, which has been heavily subsidised by the fundraising the students have undertaken with the support of the P&C.

Students are to wear school uniform and enclosed shoes for the day.

Date: Wednesday 18th December 2019

Cost: \$8.50

Time Departing: 11:15am

Time returning: 2:45pm

Please complete the 'Excursion Consent', 'Payment Options Form' and 'Student Information Sheet', returning it to school no later than Wednesday 4th December 2019.

Kind Regards

Derek de Wit
Associate Principal

EXCURSION CONSENT

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.

I have provided the school with current medical information and necessary medication relevant to my child and agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision/medication may be arranged.

I have supplied _____ as medication (eg Epipen, Ventolin, Antihistamine)

I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment.

I have read and understood the information regarding the excursion and give my consent for my child

_____ (full name) to attend the excursion to Latitude on Wednesday 18th December 2019.

Emergency contact numbers on this day 1. _____ 2. _____

Signature of parent/guardian: _____ Date _____

Excursion Checklist

- I have completed and signed the 'Excursion Consent' page (attached)
- I have selected my 'Payment Option Form' page (attached)
- I have completed the 'Student Information Sheet' (attached)



LATITUDE – Year 6
Please return by WEDNESDAY 4th December 2019

Payment Options Form

Student name: _____ in _____ (Class)

Activity: Yr 6 LATITUDE

Please tick the appropriate box

Please note our preferred payment method is direct transfer into our school bank account.

- I have made payment direct to school account using reference of Student surname and initial and activity name.
Bankwest BSB: 306-182 Acct: 0085426
- Administration Area for Eftpos facility.
- Cash enclosed.

To be placed in the drop box in Administration

- Credit Card Payment VISA / M'card / B'card (please circle)

Please provide card number

| | | | | | | | | | | | | | | | | | | | |
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Exp: _____ CCV #: _____ Signature: _____

Please return this slip by **WEDNESDAY 4th December 2019.**

Please contact Kim Dark in Administration if you need to discuss payment options



Strictly Confidential
Student Information Sheet

This information, which is required for each student participating on the excursion, will assist the school and supervising teachers in the preparation and planning of an excursion

Student details:

| | | | |
|-----------------------------|--|---------------------------------------|--|
| Student's name | | Date of birth | |
| Parent/guardian's full name | | Address | |
| Telephone No. - home | | Telephone No. - work | |
| Telephone No. - mobile | | Name of family doctor & Telephone No. | |

Year Level:

Class Teacher:

Medical Details:

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion Yes No (Please circle one.)

If "yes", please give details:

Is your child allergic to:

If yes please give details:

| | | |
|----------------|--------|--|
| Penicillin | Yes/No | |
| Any other drug | Yes/No | |
| Any food | Yes/No | |
| Other | Yes/No | |

Date of last tetanus vaccination:

Medication

If your child requires medication, Parents/carers are required to make arrangements via the office for the safekeeping and handling of medications needed by the student prior to the excursion.

If "yes", state name of medication, dosage and frequency of use:

Other information

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child.

PLEASE NOTE:

It is the responsibility of the parent/carer to inform the school office of any changes in a student's general and medical details.

Incorrect or incomplete information may result in a child not being able to attend the excursion.

SIGNED _____ DATE _____
Parent/Carer