

## Year 3 Botanical Gardens Excursion

Dear Parent/Carer,

The following relates to a planned activity for your child. Year 3 students will be attending two programs run by the Botanical Gardens rangers to learn about Australia's vast landscapes and different tools, medicines and foods Indigenous Australians use. The students will be split into two groups meaning each group will attend a program and then attend the other program after a lunch break as the programs are run simultaneously.

<b>Date:</b>	<b>Wednesday 13 June</b>
<b>Time:</b>	<b>9.30am to 1.30pm</b>
<b>Where:</b>	<b>National Botanical Gardens</b>
<b>Financial contribution:*</b>	<b>\$15.00</b>
<b>Year Group/s:</b>	<b>Year 3 cohort</b>
<b>Travel information:</b>	<b>Bus</b>
<b>Dress code:</b>	<b>School uniform, walking shoes and sunhat</b>
<b>What to bring:</b>	<b>Food for recess and lunch and drink</b>
<b>Staff attending:</b>	<b>Judith Forsyth, Katie Slater, Jack Bayley and Melissa Datson</b>
<b>Staff contact number on day of excursion:</b>	<b>6142 3399</b>

*\*It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in programs/camps/excursions. Please Note: The financial contribution is voluntary. The Education Act 2004 states that your child will not be refused benefits or services if you do not choose to contribute. Individual records of contributions are confidential. Should you require financial assistance please do not hesitate to contact the Principal or Deputy Principal.*

**Please keep this cover page** and return the attached permission note and payment slip to the front office by Wednesday 6 June.

Kind regards,

Judith Forsyth

22 May 2018

## Year 3 Botanical Gardens Excursion

Student name: \_\_\_\_\_ Class: \_\_\_\_\_

I agree and understand:

- to give authorisation for the teacher in charge to make arrangements for the welfare of the student including medical or surgical treatment in an emergency.
- to meet the costs associated with any emergency arrangement made by the teacher in charge.
- excursions will not be available to students who do not display acceptable behaviour both in and out of the classroom; the school considers excursions a privilege, not a right.
- that the student will be under the authority of the school for the duration of the excursion, and that the school is authorised to return the student home at the expense of the parent/guardian if the school considers that circumstances warrant such action.
- that staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.
- that staff members are not responsible for injuries or damage to property, which may occur on an excursion where, in all circumstances, staff has not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

I, being the parent/guardian of \_\_\_\_\_ have read and understood the information provided above. I understand that children will be traveling to and from the venue by bus. I give permission for my child to take part in the Year 3 Botanical Gardens Excursion on Wednesday 13 June.

### Medical Information – delete if a new medical form is required

The school currently has a copy of your child's medical details from earlier in the year. Are there any updates to your child's medical information?  No  Yes

Details: \_\_\_\_\_  
\_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Mobile: \_\_\_\_\_

I have read the attached information regarding this excursion and understand what it contains.

Parent/Carer: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Year 3 Botanical Gardens \$15.00**

**QUICKWEB PAYMENT SLIP** - [www.kss.act.edu.au](http://www.kss.act.edu.au) (click payment tab)

Name of student: \_\_\_\_\_

Year Level & Class: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

**\*\*Please return this note to the front office by Wednesday 6 June\*\***

---

**Year 3 Botanical Gardens \$15.00**

**CARD/ CHEQUE PAYMENT SLIP**

Name of student: \_\_\_\_\_

Year Level & Class: \_\_\_\_\_

Cheque/Visa/MasterCard payments (in person/by phone) - ***Please circle appropriate payment type***

**Card Number:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Cardholder's Name: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**\*\*Please return this note to the front office by Wednesday 6 June \*\***

---

**Year 3 Botanical Gardens \$15.00**

**CASH PAYMENT SLIP**

Name of student: \_\_\_\_\_

Year Level & Class: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

**\*\*Please return this note to the front office by Wednesday 6 June \*\***