

Kindergarten National Zoo and Aquarium Excursion

Dear Parent/Carer,

The following relates to a planned activity for your child. Students will catch the bus at 9.30am from Strake Street to the National Zoo and Aquarium. We plan to arrive at about 10.00am and participate in a guided tour between 11.00am and 12.00pm. Following this, students will further explore the zoo and observe animals and their habitats. The bus will collect the group at 2.00pm and will return back to school by 2.30.

Date:	Thursday 28 June
Time:	9.30am to 2.30pm
Where:	Canberra National Zoo and Aquarium
Financial contribution:*	\$12.00
Year Group/s:	Kindergarten
Travel information:	Bus
Dress code:	School uniform, warm clothes, enclosed shoes and Sun Smart hat
What to bring:	Water bottle, packed recess and lunch
Staff attending:	Harleen Kaur, Brittany Rayner, Peta-Marie Bellew and Julie Butler
Staff contact number on day of excursion:	6142 3399

**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 21 June.

Kind regards,

Julie, Harleen, Brittany and Peta-Marie

22 May 2018

Kindergarten National Zoo and Aquarium 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 Kindergarten National Zoo and Aquarium Excursion on Thursday 28 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: _____

Kindergarten National Zoo and Aquarium Excursion \$12.00

QUICKWEB PAYMENT SLIP - 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 21/06/2018****

Kindergarten National Zoo and Aquarium Excursion \$12.00

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:

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Cardholder's Name: _____

Expiry Date: ____/____

Signature: _____

Amount: \$ _____

****Please return this note to the front office by 21/06/2018****

Kindergarten National Zoo and Aquarium Excursion \$12.00

CASH PAYMENT SLIP

Name of student: _____

Year Level & Class: _____

Amount: \$ _____

Date Paid: _____

****Please return this note to the front office by 21/06/2018****