

Floriade

Dear Parent/Carer,

The following relates to a planned activity for your child. Students will be travelling to Floriade by bus, they will have opportunities to peruse the many attractions. They will also be performing their band repertoire on Stage 88 at 12.00pm.

Date:	Friday 19 September
Time:	9.30am to 2.30pm
Where:	Commonwealth Park, ACTION
Financial contribution:*	\$8
Year Group/s:	Year 5 to Year 10
Travel information:	Bus
Dress code & what to bring:	School uniform, music, instrument, hat, lunch and drink bottle
Staff attending (Ratio):	1:30, Bob Crisp and Jason Peters
Staff contact number on day of excursion:	61423399

**This excursion is an optional parent support activity. The cost of this excursion should not be confused with voluntary contributions. This is an optional enrichment activity that our school is facilitating and payment is required to cover the costs incurred. The school has made every effort to keep costs for activities at a reasonable level. If your child does not participate in this optional excursion an alternative program will be offered at school.*

Excursion Risk Assessment is available at the Front Office. This Risk Assessment contains contingency plans should there be any environmental factors that impact our ability to proceed with the excursion as planned. Should changes be made parents/carers will be notified via email prior to the event.

Please keep this cover page and return the attached permission note, medical note (if you have not previously completed one for 2025) and payment slip to the front office or via the following email: KingsfordSmith.Excursions@ed.act.edu.au by Friday 12 September. No late notes will be accepted after this due date. If minimum numbers are not met, this event will be cancelled and refunds will be processed.

Kind regards,

Bob Crisp and Jason Peters

Floriade

Student name: _____ Class: _____

I agree and understand:

- I agree to my child participating in the activities associated with this excursion mentioned previously.
- I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs.
- I have provided to the school all medical information relevant to my child attending this excursion.
- I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action.
- I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.
- I acknowledge 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. Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.
- I understand the contingency plan is in place should weather conditions and environmental factors impact the running of this event.
- I acknowledge that I will be notified via email of cancellation or event location changes prior to the event.
- I acknowledge that the new mobile device policy applies to all excursions.

I, being the parent/carer 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 Floriade excursion on Friday 19 September.

Medical Information

Does the school currently have a copy of your child's 2025 medical form?

Yes (If medical details have changed please complete a new medical form attached)

No (If selected no, please complete the attached medical form)

Emergency contact name: _____ **Mobile:** _____

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

Parent/Carer: _____ Signed: _____ Date: _____

If you fill in this form, your personal information and that of your child will be collected and handled by [Name of School]. This information is necessary for us to be able to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information, your child will be unable to participate in the excursion.

We will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to do so, or if required by law.

We only share information with school officers and employees and, where necessary, parents or volunteers assisting with the excursion in order to appropriately and effectively manage the excursion.

The Education Directorate's Privacy Policy explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website at https://www.education.act.gov.au/publications_and_policies/policies.

Floriade \$8

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 Friday 12 September****

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