



ACT
Government

Education and Training

17/05/2017

Chapman Primary School

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"Achieving Excellence Together"

Kindergarten Excursion - Questacon

This term Kindergarten has been working on a science unit, 'What's it made of?' During this unit the students are learning about a range of different materials and their properties. To complement this unit we will be going to Questacon and participating in a variety of hands on science activities and watching a science show. We will also have time for supervised exploration time around the Questacon exhibits.

Venue	Questacon
Date	Wednesday 7th June 2017
Time	9:15am- 12.45pm
Accompanying teachers	Kristy Woods, Priscilla Reyenga, Tessa van der Hoek, Alex Speirs and Alison Rainsford
Cost	\$15.00 - I have paid my child's Program Requirements \$21.00 - I have not paid my child's Program Requirements <i>If you have a Questacon membership please see your child's teacher</i>
Departure	Depart 9:15am Return 1:15pm
Transport	Bus

The above Costs include admission to Questacon and bus travel.

The school has made every effort to keep costs for this activity at a reasonable level. The school requests parents and carers to make a **voluntary** financial contribution towards meeting the cost of your child's participation in this program/camp/excursion.

We have an equity fund, which can be used to provide financial assistance for students where parents are unable to make the requested contribution. If however there is insufficient total funding available to meet the cost of the program/camp/excursion, regrettably we may not be able to proceed. Please contact the front office if you would like financial assistance for your child/children.

The Excursion and Travel Policy 2013 states that the contributions to excursions are voluntary in nature and that students will not be excluded from activities due to non-payment of voluntary contributions. Individual records of contributions are confidential.

All students attending an excursion **must** have a current Excursion Medical Permission note completed. If the information that you provided on your child's 2017 Excursion Medical Information form has changed since the beginning of this year (eg medications) please complete a new form for your child prior to this excursion. The Excursion Medical form is available from the school website or at the front office.

In the case of an emergency on the day of this excursion please contact the school on 62057300.

Please complete the permission note attached and return to school by 26th May, 2017.

Thank you
Kindergarten Team

Kindergarten Excursion - Questacon

Permission note

I give permission for my child in class to attend the Kindergarten Excursion to Questacon.

Date	Wednesday 7 th June 2017
Venue	Questacon
Time	9:15am- 1:15pm

- I have paid my child's program requirements and include a payment of \$15.
- I have paid my child's program requirements and my child is a Q club member. I have attached a photocopy of their current membership card.
- I have NOT paid my child's program requirements and include a payment of \$21.00.
- I have NOT paid my child's program requirements and my child is a Q club member. I have attached a photocopy of their current membership card together with \$6 for bus travel.

Staff accompanying the students on the excursion will take all reasonable care while the students are in their care to protect them from injury and to control and supervise their behaviour. Parents should be aware that staff members are not responsible for injuries or damage to property that may occur on an excursion where, in all circumstances, staff have not been negligent.

- My child understands that if she/he makes inappropriate choices of behaviour, he/she may have to be returned to school. *(Please discuss this with your child.)*

I agree to my child being under the authority of the school for the duration of this excursion. I authorise the teacher in charge to make any arrangements, medical or otherwise, necessary for the welfare of my child and agree to meet any costs incurred. This may include the cost of returning the child home.

I am aware that free ambulance transport applies in the ACT.
I have read, understand and agree to all the information contained in this letter.

Signature of Parent:.....Name of Parent:

Parent Phone Contact for the day of excursion:

PAYMENT BY: Cash () Cheque () Credit Card () ONLINE ()

Online Code : QUEST

PLEASE MAKE CHEQUES PAYABLE TO: CHAPMAN PRIMARY SCHOOL

For Credit Card Use Only

Please debit my Credit Card Account No:

_____ Expiry Date: ____/____

- Visa
- MasterCard

With the amount of \$ _____: _____ payable to Chapman Primary School

Card holder's name: _____

Card holder's signature: _____