



Education and Training

3/9/2018

# Chapman Primary School

Perry Drive Chapman ACT 2611  
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ABN: 48 529 566 431



*"Achieving Excellence Together"*

## Year 4 Excursion - Questacon

Year 4 has been working on a science unit, 'Use the Force'. Throughout this unit the students are learning about how forces affect movement. 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, 'Move It - The Engineering Show'. We will also have time for supervised exploration time around the Questacon exhibits.

<b>Venue</b>	Questacon
<b>Date</b>	Thursday 27 <sup>th</sup> September 2018
<b>Time</b>	9:30am- 2.30pm
<b>Accompanying teachers</b>	Kat Tirzins, Dean Howell, Rheannon Gibbs
<b>Cost</b>	<b>Questacon members: \$6.50 (Bus) Can you please photocopy your membership card, including barcode and send in with the permission note.</b>  <b>Non-members: \$21.50 (Bus and entry to Questacon)</b>
<b>Departure</b>	Depart 9:30am Return 2.30pm
<b>Transport</b>	Bus

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 61422400.

**Please complete the permission note attached and return to school by Friday 14th September, 2018.**

Thank you,  
The Year 4 Team

## Year 4 Excursion - Questacon

### Permission note

I give permission for my child ..... in class ..... to attend the Year 4 Excursion to Questacon.

<b>Date</b>	Thursday 27 September 2018
<b>Venue</b>	Questacon
<b>Time</b>	9:30am- 2.30pm

My child is a Q club member. I have attached a photocopy of their current membership card (including barcode) together with \$6.50 for the bus.

I have included payment of \$21.50 to cover the entry fee and the bus.

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: \_\_\_\_\_