



Chapman Primary School

Perry Drive Chapman ACT 2611
Telephone: 6205 7300 Fax: 6205 7307
e-mail: school.information@chapmanps.act.edu.au
ABN: 48 529 566 431



“Achieving Excellence Together”

28th June 2017

Year 4 Excursion Questacon and National Portrait Gallery Term 3 2017

In preparation for our Technology unit we will be visiting the “Above and Beyond” exhibition at Questacon as a tuning in exercise. We will also be visiting the Portrait Gallery to observe art pieces related to our recent History units of work.

Venue	Questacon and National Portrait Gallery
Date	Friday 21st July 2017
Time	9:15am – 2:30pm
Accompanying teachers	Fiona Duncan, Paul Campbell, Kat Tirzins, Katie Ross and Kate Favell (LSA)
Cost	\$24.00 (\$6.00 Bus, \$15.00 Questacon, \$3.00 National Portrait Gallery) \$9.00 (Q CLUB MEMBER NO CHARGE) (\$6.00 Bus, \$3.00 National Portrait Gallery)
Transport	Bus

The above costs include the 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
Wednesday 19th July 2017.**

Thank you,

Year 4 Team

Year 4 Excursion
Questacon and National Portrait Gallery
Term 3 2017

- I give permission for my child in class to attend this excursion on Friday 21st July 2017..
- I enclose \$24.00 for this excursion.
- I enclose \$9.00 for this excursion as my child is a Q CLUB MEMBER.

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.

Staff accompanying students on this excursion 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. My child understands that if she/he makes inappropriate choices of behaviour, they may have to be returned to school.

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 SLIP

Payment for: _____ **Amount: \$24**

PAYMENT BY: Cash () Cheque ()

PLEASE MAKE CHEQUES PAYABLE TO: **CHAPMAN PRIMARY SCHOOL**

Online Code : QPG

Your child's name: _____ Class: _____

For Credit Card Use Only

Please debit my Credit Card Account No:

_____ Expiry Date: ____/____

Visa MasterCard

With the amount of \$24 payable to Chapman Primary School

Card holder's name: _____

Card holder's signature: _____