



3 May 2024

Dear parents and carers,

YEAR 3 NATIONAL ZOO AND AQUARIUM EXCURSION

The following details relate to an educational excursion to the National Zoo and Aquarium which is being organised for students in the year 3.

Purpose:	To complement our current unit of inquiry for year 3 curriculum into Life Cycles, year 3 students will be visiting the National Zoo and Aquarium to participate in a Discovery Tour learning session.
Day/Date:	Wednesday 29 May 2024
Timetable:	Departing Chapman Primary School at 9:15 am Returning to Chapman Primary School by 2:45 pm
Venue:	National Zoo and Aquarium, 999 Lady Denman Dr, Yarralumla
Transport:	Bus
Cost:	\$30.00
Payment and Permission due by	Wednesday 22 May 2024

The school has made every effort to keep cost for this excursion to a minimal level. If necessary, parents or students can confidentially discuss support to meet the cost of the excursion with the Principal. Please contact the front office if you would like to speak with the Principal.

Group size	78	Ratio:	1:8
Teacher in charge:	Charlotte Felgate		
Accompanying Staff	Charlotte Felgate, Jane Mahar, Sharon Smith, Jen Puleston, Leonie Jenvey and one additional Educator to be confirmed.		
Parent Carer Volunteers	To meet the required ratio for school groups attending the National Zoo and Aquarium, we are seeking parent / carer volunteers to accompany students on this excursion. Volunteers will be responsible for a small group of students while at the venue to ensure they remain together and are always accounted for. Volunteers must meet the requirements of ACT Education Volunteers and Visitors in School Procedures and paperwork. Bus transport and entry fees to the facility will be met by the school. Due to insurance regulations, younger children or siblings will not be able to attend with volunteer parents or carers.		
Meals	Lunch, recess and water bottles will be transported in students' school bags.		
What to wear	Full school uniform.		
What to bring	Water bottle, recess and lunch, sunsmart hat and warm jumper or jacket.		
Excursion Risk Assessment: Available to view at the front office			
Emergency Contact for this excursion: Chapman Primary School 02 6142 2400			
Contingency:	Should this excursion not proceed on the dates listed above, it will be rescheduled where possible or cancelled and a full refund will be offered.		

**Behavioural
Expectations:**

Students are expected to demonstrate Chapman FRIENDS values and the PBL expectations of being safe, responsible and respectful.

Staff members 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 members have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, willful, or disobedient behaviour.

For your child to attend, please return the attached permission form and payment to your child's classroom teacher no later than **Wednesday 22 May 2024**.

Yours faithfully

James M. Barnett
Principal

Chapman Primary School Excursion Permission Form

YEAR 3 NATIONAL ZOO AND AQUARIUM EXCURSION

This signed consent form and payment should be returned to your child’s classroom teacher no later than Wednesday 22 May 2024.

I give permission for my child _____ in class _____ to attend the year 3 National Zoo and Aquarium excursion, on Wednesday 29 May 2024 travelling by bus.

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 have previously completed and returned the ACT Education Medical Information Consent Form for the current school year. *The Medical Information and consent form only needs to be completed once per calendar year prior to the first excursion unless there are changes to the details on this form.*

Are there any changes to the medical information previously provided for this school year?

No Yes *If yes, an updated [Medical Information and Consent Form](#) is required to be completed.*

Will your child require medication to be administered during the excursion? Yes No

▪ **If yes**, is this medication and the accompanying plans held at the school? Yes No

All medications held at the school will be transported to this excursion.

▪ **If No**, please complete a [Medication Authorisation and Administration Record](#) and present this along with medication to the school front office prior to the departure date for this excursion. *Please contact the school front office on 6142 2400 for further information*

Is there any additional information you need to provide to support your child’s participation in this excursion?

Yes No (If yes, please provide these details below.)

Please provide the following information:

Medicare No:		Private Health Fund:		Membership No:	
Ambulance fund: Parents are responsible for ambulance costs outside the ACT					

Payment Code:

Excursion Payment Details

Quickweb payment of **\$30.00** made on (date) _____ receipt number _____
<https://www.chapmanps.act.edu.au/payment>

Please ensure that this permission form is returned to your child’s teacher

Enclosed is cash to the value of **\$30.00** to cover the cost of the excursion.

Name of Parent/Carer (please print): _____

Signature: _____ **Date:** _____

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us 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. Normally, we will

not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to manage the excursion appropriately and effectively. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.

PARENT VOLUNTEER INTEREST FORM

Year 3 National Zoo and Aquarium Excursion

Yes, I (Volunteer's Name): _____
would like to volunteer to accompany year 3 students and staff on the National Zoo and Aquarium excursion on
Wednesday 29 May 2024.

To assist schools in providing a safe and positive educational environment, volunteers and visitors must comply
with the [Volunteers and Visitors in Schools Policy and Procedure](#) by completing:

- A Volunteers and Visitors in School – Nomination Form,
- A Volunteers and Visitors in Schools - Code of Conduct Form,
- Volunteers and Visitors in Schools - Induction, and
- Understand the requirements of compliance with the [Working with Vulnerable People \(Background Checking\) Act 2011](#) (WWVP Act) obligations.

Please complete and return this slip, if you are interested in becoming a Volunteer in our school, for this
and or other activities.

- I understand I will be required to complete paperwork to meet the Volunteers and Visitors in Schools
Policy and Procedure to attend this excursion. I understand this paperwork is valid for one calendar
year.
- I understand that due to insurance regulations, I am will not be able to bring younger children or
other siblings to this excursion.

My child's name: _____ Class: _____

Volunteers' relationship to this student _____

Contact email: _____ Phone: _____

Date: _____