



18 March 2024

Dear parents and carers,

YEAR 2 QUESTACON EXCURSION

The following details relate to an educational excursion to Questacon which is being organised for students in year 2.

Purpose:	To complement year 2 curriculum learning for Science, students will be visiting Questacon to explore galleries and investigate science concepts.
Day/Date:	Tuesday 9 April 2024
Timetable:	Departing Chapman Primary School at 9:15 am Returning to Chapman Primary School by 12:30 pm
Venue:	Questacon, King Edwards Terrace, Parkes.
Transport:	Bus
Cost:	\$23.00
Permission and payment due by	Tuesday 2 April 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	87	Ratio:	1:10
Teacher in charge:	Lily Ang		
Accompanying Staff	Lily Ang, Tanya Stone, Rebecca van der Stap, Emma Clayton and two educators to be advised.		
Request for Adult Volunteers	To meet the required ration for Questacon, we are asking for one parent carer volunteer to accompany each class 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.		
Meals	Students will be taking their water bottles, fruit break and recess to Questacon in their school bags. Lunch will be eaten when they return to school.		
What to bring	Sunsmart hat, snacks, lunch and water bottle		
What to wear	Full school uniform, and enclosed shoes (usual school shoes are ideal). Please ensure ALL clothing is clearly labelled with your child’s full name.		
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 Tuesday 2 April 2024.

Yours faithfully

James M. Barnett
Principal



YEAR 2 QUESTACON EXCURSION

This signed consent form, payment and medical form must be returned to your child's classroom teacher by

I give permission for my child _____ in class _____
to attend the year 2 Questacon excursion on Tuesday 9 April 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 completed this form in 2024.
☐ There are no changes to the information provided on this form.

If there are any changes to information provided, or if you have not yet provided medical information in 2024, please complete and return the [Medical Information Consent Form](#). (hard copies available from the school front office)

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: YR2QCON

Excursion Payment Details

- ☐ Quickweb payment of **\$23.00** 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 **\$23.00** 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

Yes, I (Volunteer's Name): _____
would like to volunteer to accompany year 2 students and staff to the Questacon excursion on Tuesday 9 April 2024 from 9:15 am to 12:30 pm.

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 Checklist, 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 required 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.

My child's name: _____ Class: _____

Relationship to Student _____

Contact email: _____ Phone: _____

Date: _____