Dear Parents and Carers

To support our learning on our science unit ‘Earth’s Resources’, and to consolidate our science unit from term three, ‘Watch It Grow,’ year two will be taking part in an Environmental Trail program at the Birrigai Education Centre at Tidbinbilla Nature Reserve.

- **When:** Thursday 17 November, 2016
- **Where:** Birrigai at Tidbinbilla Nature Reserve
- **Time:** 9:15am – 2:45pm
- **Transport:** Bus
- **Cost:** $35.00
- **Preferred payment method:** QuickWeb Fee Code BIRRIGAI
- **Notes Due:** 11 November
- **What to bring:** Students are to wear their school uniform, joggers and **must have a broad brimmed or bucket hat.** They will need to **apply sunscreen before school** and we will have sunscreen available for students to reapply during the day. **Students will require a backpack with their fruit break, recess, lunch and a full water bottle.**

The permission note must be returned to the school no later than 11 November. Please be aware that notes will not be accepted after the due date. Children without permission notes will not be able to attend the excursion.

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

The school has made every effort to keep the cost for this activity to a reasonable level. The school has a student support fund to provide financial assistance for students where parents are unable to pay the required excursion costs. Please speak to Tanya Price, Business Manager, if you require assistance.

If you have any queries regarding this excursion please feel free to contact us at school on 6205 7511.

Regards

Allison Lamond, Nicole Toten, Renee Sochacki and Jeanette Ryan
Birrigai

I have read the attached information regarding this excursion and understand what it contains.

I give permission for my child ________________________ in class ________ to attend the Birrigai excursion on Thursday 17th November.

- I authorise the teacher in charge to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency. I agree to meet the costs associated with any emergency arrangement made by the teacher in charge - free ambulance transportation only applies in the ACT.

- I agree that the student will be under the authority of the school for the duration of the excursion, and that the teacher in charge is authorised to return the student home at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action.

Full name of Parent/Guardian (please print) __________________________________________

Emergency contact no.__________________________

Signature of Parent/Guardian: _______________________________ Date: _______________

We have a copy of your child’s Medical Information Form lodged in our records. Please complete the section below only if your child’s medical circumstances have changed since lodging the form with the school.

ADDITIONAL MEDICAL INFORMATION

NAME: ________________________________________ CLASS: ______________

____________________________________________________________________________________________

____________________________________________________________________________________________

SIGNED: ____________________________________ DATE: ______________

Payments for the excursion can be made via the following ways:

- Quickweb (preferred method) – go to www.macgregorps.act.edu.au – via secure payment tab

- I have enclosed cash/cheque of $______

- Deposited the amount of $___ via Internet banking into BSB: 032777  A/C: 001578 (please put your child’s name & what the payment is for as your reference)

- Please deduct $_____ from: □ Mastercard □ Visa

  Card No: __ __ __ __/ __ __ __ __/ __ __ __ __/ __ __ __ __

  Card Expiry Date: ___/___

  CVC No: ______

  Card Holder Name: ___________________________ Signed: ___________________________