



Belconnen High School

Caring for Students And Striving for Excellence



Cross Country 2017

Date of Excursion: 5/5/2017	Destination: Stromlo Forest Park
Supervising Staff: Teaching Staff	Students will travel by: ACTION Bus
Cost per student : \$7	Money to be paid: Prior to the day (preferable) to the Front Office or bring the money on the day (it will be collected in PCG).
Depart school at: 9.30am	Return to school at: 2.15pm

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PLEASE DETACH THIS SECTION WHEN COMPLETED AND RETURN IT TO THE SCHOOL

EXCURSION PERMISSION FORM

I hereby give permission for my son/daughter:

Given Name

Surname

Year group

To participate in an excursion at Stromlo Forest Park

on 5/5/2017

I acknowledge the details listed above and give permission for the supervising staff to seek medical attention for my child should they believe it is necessary. I am aware that I will be responsible for any medical expenses incurred and that free ambulance transportation (should it be required) only applies within the Australian Capital Territory.

My child suffers from the following **pre-existing medical condition:** _____

- I have completed all the additional **medical forms** as required by the Education Department.
- I also understand and accept that **normal school rules** apply during the excursion. If it is necessary for my child to return home early following a breach of these rules, I will be responsible for all costs and will not be eligible for any refund of excursion costs.
- Students are required to wear **house colours** on this excursion.
- I also give permission for **photos to be taken** of my child during this excursion and if required to be published in the school newsletter or posted on the school website.
- I have read the attached information note and understand the program and rules for the carnival.

Parent/Guardian

Date

Emergency Contact Number

EXCURSION PAYMENT FORM - PLEASE RETURN FORM WITH PAYMENT TO THE FRONT OFFICE

STUDENT NAME

HOME GROUP

PAYMENT FOR

I enclose payment of \$..... Cash () Cheque () Credit Card ()

Payment may be debited to your Credit Card account by completing the authority form below: Visa () MasterCard ()

Card No: _____ Card Expiry Date: ____/____

Card Holder Name _____ Signed _____
(as shown on Credit Card BLOCK LETTERS please)

PLEASE NOTE: Should any family be experiencing financial difficulty in meeting these costs, please contact the Principal. Individual records of contributions are strictly confidential.