

EXCURSION PERMISSION AND PAYMENT NOTE

Dear Parents

The following excursion has been organised and it would be appreciated if you would read the contents carefully.

ACTIVITY:	Winter Carnival – Soccer and AFL Football				
Venue:	Hossack Reserve Parkwood and Riverton Reserve				
Classes attending:	50 Selected students ONLY from Years 4 - 6 30 Students playing Soccer at Hossack Reserve 20 students playing Football at Riverton PS				
Date of Excursion	Friday 21 June 2024				
Purpose of excursion:	As part of the curriculum, area of Physical Education and Health students will represent the school at the Interschool Winter Carnival				
Teacher in charge:	David Hall				
Transport:	Bus	Leaving school:	8:45am sharp	Returning to school:	2:45pm
Cost per student:	\$6.00	Payment due by:	Monday, 17 June 2024		
Requirements: (eg Lunch, Uniform, etc)	<ul style="list-style-type: none"> ○ Students must be at school by 8.15am. Please don't be late. ○ Student can wear Running shoes or Soccer boots when playing. (No screw in studs allowed) An interschool soccer shirt will be provided. ○ Please take note of weather conditions and bring suitable attire eg wet weather gear, warm clothing and sun cream. ○ Packed snacks, recess, lunch, and water bottle. 				
Students will not be entitled to a refund if they are unable to attend the excursion/in school activity as the school must book in advance.					

ORGANISING TEACHERS:

David Hall

13 June 2024



 

 

PERMISSION AND PAYMENT SLIP HOSSACK RESERVE – SOCCER AND RIVERTON RESERVE - FOOTBALL
COST PER STUDENT \$ 6.00 PAYMENT DUE BY: Monday, 17 June 2024

STUDENT FIRST NAME: _____ STUDENT SURNAME: _____ ROOM NO. _____

- **QKR** This is *our preferred method* of receiving **payments** for all school transactions.

If paying by Qkr the permission form is submitted through the app - you do not need to return this form to the office.

- **DEDUCT** - Please deduct from student account (only applies if you have made a pre-payment)

If payment and permission have not been received by the payment due date your child will not be able to attend.

I consent to my son/daughter participating in the above excursion and give permission for my son/daughter to receive medical treatment in case of emergency. I agree to inform the organisers of any change to my child's health and fitness before the scheduled excursion departure so that appropriate supervision can be arranged. I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion unless the school or its employees are proven to be negligent.

Parent/Guardian Name: _____

Parent/Guardian Emergency mobile/work contact details: _____

Signed: _____ (Parent / Guardian) Date: ____/____/____