

TIDBINBILLA TRACKING STATION KINDY, 1/2C & 1/2T

DESCRIPTION:

As a part of this year's Science Week theme "Destination Moon" we as a school are going to be heading to the Tidbinbilla Tracking Station to learn about the Science, innovation and skills required for space travel. While at the tracking station students will be guided by teaching staff around the exhibits. Students will have tasks and activities to conduct while going in and around the facility.

DATE:

Monday, 12 August 2019

DEPARTING AT:

9:30 am

ARRIVING APPROX:

12:30 pm

VENUE:

Tidbinbilla Tracking Station: 421 Discovery Dr, Paddy's River

TRAVEL ARRANGEMENTS:

Bus

COST PER STUDENT:

\$8.00

CLASSES INVOLVED:

Kindy, 1/2C & 1/2T

TEACHER IN CHARGE:

Jon Boland

ITEMS TO BRING:

Fruit break, lunch, water bottle

ADDITIONAL INFORMATION:

Students are to wear warm clothes as it can get quite cold at the Tracking Station.

PAYMENT OPTIONS:

Pay using your credit/debit card by:

1. Visiting the following link:
www.conderps.act.edu.au/payment
2. Follow the instructions on our Westpac Quickweb form, including the fee code: 8025

Alternatively, you may wish to pay in person by EFTPOS at the Front Office.

Please keep this information page, then complete the permission form and return it to info@conderps.act.edu.au (with payment details) by Monday, 5 August 2019.

TIDBINBILLA TRACKING STATION KINDY, 1/2B & 1/2C

PLEASE RETURN TO THE FRONT OFFICE BY MONDAY, 5 AUGUST 2019.

Student Name: _____ Class: _____

I hereby consent to my child attending Tidbinbilla Tracking Station on Monday, 12 August 2019.

Fee Code: 8025 Cost: \$8.00

Please check the appropriate boxes:

- ☐ I have read and understand the attached information page for the event/excursion and I consent to the payment and travel arrangements. *PLEASE NOTE: If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (ETD) (Charles Conder Primary School). This information is necessary for us to be able 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.*
- ☐ I confirm payment of \$8.00 via Westpac Quickweb (<http://www.conderps.act.edu.au/payment>) using MAZE Reference 8025.
- ☐ I understand that the cost of buses is non-refundable as prices are determined by the total number of children travelling. If my child is unable to attend the excursion, and I require a refund (less bus fare), I should make a request in writing, within a week after the excursion to the Business Manager.

The School should be notified by 9.00 am on the day of the excursion if a student is unable to attend.

- ☐ I understand that the ACT Government (the Territory) does not meet all claims for injury, disease or illness to students resulting from school activities or school organised excursions. Claims are only met where there is a liability to do so. Liability is not automatic and depends on the circumstances in which the injury was sustained. I understand I should obtain my own advice about insurance protection which may assist in meeting expenses if my child is injured in circumstances where there is no liability on the part of the Territory. The ACT Ambulance Service provides free ambulance transport for students who are injured or suddenly become ill at school or during school-approved activities within the ACT. Excursions to states and territories outside the ACT are not covered by free ambulance transport.
- ☐ In serious cases where medical attention is necessary, and a parent/carer is not available, I authorise the school to make arrangements for the welfare of my child (including transport and medical/surgical treatment).
- ☐ I agree that my child/children will be under the authority of the school for the duration of the excursion and that the school is authorised to return the student home at the expense of the parent/carer if the school considers that circumstances warrant such action.
- ☐ The medical information and emergency contact numbers for my child/children held at the school are correct and up to date.
- ☐ I need to **UPDATE** the information held at the school as follows: *(ONLY FILL IN IF THE SCHOOL DOES NOT HAVE THIS INFORMATION)*
 - ☐ Parent/Carer #1 Contact Number: _____
 - ☐ Parent/Carer #2 Contact Number: _____
 - ☐ Home Telephone Number: _____
 - ☐ Please change my "Other Emergency Contact" to: *(please include full name and contact number)*

Full Name of Parent/Carer:

Date: