



KILBERRY VALLEY PRIMARY SCHOOL EXCURSION CONSENT FORM

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| Title of excursion | SOVEREIGN HILL EXCURSION |
| Grades | 5A, 5B, 5C, 5D, 5E |
| Destination | Sovereign Hill – Bradshaw Street, Ballarat |
| Date of excursion | Friday September 1, 2017 |
| Description of the excursion | Year 5 students will be studying the colonisation of Australia during Term 3. During their visit to Sovereign Hill, students will discover how the gold rush played a significant role in Australian colonisation. They will learn about life during the colonial period in Australia. |
| Departure time | We will depart from Kilberry Valley PS at 8:30am sharp . Please have students at school no later than 8:15am . |
| Return Time | We will return at approximately 6:00pm . |
| Cost | \$60 |
| Clothing to be worn | <ul style="list-style-type: none"> • Full school uniform is to be worn. • Students must bring a warm jacket as the weather in Ballarat is cooler than in Melbourne. • Students require a snack, lunch and drinks for the day. Please ensure these are packed in disposable packaging and are clearly labelled. • Students may bring a small amount of money as there will be opportunities to purchase items during the day. Please, no more than \$20 per student. |
| Teachers in charge | Julie Redpath, Monique Holtkamp, Ashlee Prib, Kirsten Tulloch, Tania Davies, Jen Powell |

Cut off here ✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂

KILBERRY VALLEY P.S. EXCURSION CONSENT FORM

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| Title of excursion: <i>SOVEREIGN HILL EXCURSION</i> | Grade/s participating: <i>5A, 5B, 5C, 5D, 5E</i> | Cost: \$60 | Date: <i>Friday September 1, 2017</i> |
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Please return consent form by FRIDAY AUGUST 18, 2017
NO LATE PAYMENTS CAN BE ACCEPTED

I, Parent/Guardian of _____ from Grade _____ do hereby give my child permission to participate in the above excursion. I am aware of the nature of any hazards associated with this activity and understand that my child is expected to behave according to the behaviour code set by the school.

I authorise the teacher in charge to consent, where it is impracticable to communicate with me, to my child receiving such medical, first aid or surgical treatment as may be deemed necessary. I understand that transport may be by private car, and that such car has full comprehensive insurance.

Parent Name: _____ Signature _____

Will your child need to take medication whilst on this excursion? Yes No (tick box)

Medication Name: Time to be given: Dose:

Emergency contact number(s) for the day(s) of the excursion:

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| Name: | Phone Number: |
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| <input type="checkbox"/> Centrepay | <input type="checkbox"/> EFTPOS (min \$10) |
| <input type="checkbox"/> Cash | <input type="checkbox"/> QKR App |
| <input type="checkbox"/> CSEF | <input type="checkbox"/> Credit |
| <input type="checkbox"/> Direct Deposit - Date of Deposit _____ | |

BSB: 063616 Acct: 10122885

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| Total amount enclosed | \$ | Family Code: |
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