



## Permission Notification Report

### 2017 YEAR 2 CBD EXCURSION

Date: 24/02/2017

**Details of excursion:** Students will leave Stockdale Road Primary School at 9:15am and walk to the Traralgon Post Office for a 'behind the scenes' tour. They will then walk to the Traralgon Plaza and Coles.

Lunch will be at Victory Park, where students will have time for games and a play.

We will be returning to school around 2pm by bus.

THE ATTACHED PERMISSION FORM AND MONEY MUST BE RETURNED BY FRIDAY MARCH 10TH.

NO LATE PAYMENTS WILL BE ACCEPTED.

PAYMENTS CAN BE MADE BY CASH, BPAY OR CSEF (CAMPS, SPORTS AND EXCURSION FUND) IF ELIGIBLE.

PLEASE CONTACT THE OFFICE IF YOU DO NOT KNOW YOUR BPAY REFERENCE NUMBER.

IF NOT ENOUGH CSEF FUNDS ARE AVAILABLE ON YOUR ACCOUNT YOU WILL BE CONTACTED TO PAY THE BALANCE.

PLEASE INDICATE ON THE PERMISSION FORM YOUR METHOD OF PAYMENT.

**Destination:** Traralgon CBD, Traralgon Vic 3844

**Special needs:** Students will need to wear full school uniform including sensible footwear and their hats. They will need to bring with them a snack, lunch and drink bottle in their school bag. Please make sure your child has sunscreen on.

**Transport method:** Hired Coach

**Adult responsible:** Mrs Lia HEILY

**Cost:** \$4.00

**Student details:**



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**Student Details:**

Return slip

Please check details on this slip, sign and return to the school no later than the 10/03/2017.

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Date: 24/02/2017

Cost: \$4.00

**Medical condition/s:**

**Home telephone:**

**Home mobile:**

**Emergency contact number for this excursion:**

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**Doctor name:**

**Doctor telephone:**

**Medicare number:**

I consent to my child taking part in this excursion and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner,
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

**Signature of parent/guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The Department of Education and Training requires this consent to be signed for all students attending school excursions.

**NOTE:** Parents/guardians should provide written approval prior to their child taking part in any excursion.