

Heidelberg Street

CONDER ACT 2906

Phone: (02) 6142 1800

lanyonhsinfo@ed.act.edu.au

Dear Parent

The following details relate to an educational excursion to Tathra, NSW which is being organised for Outdoor Education. The purpose of this excursion is for students to apply what they have learnt throughout Outdoor Education class to safely participate in outdoor activities. Participating in this excursion will form part of your child’s assessment for the term. If he/she is unable to attend an alternate assessment will need to be completed.

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| **Details of the Excursion** | |
| **Event** | Tathra Ocean Skills Camp |
| **Date** | 16th-18th March 2020 |
| **Venue** | Tathra, NSW |
| **Cost** | $ 350 |
| **Payment due date** | 26th February 2020 |
| **Organising teachers** | Sam De Sousa |
| **Departure time** | 5:30 am Monday 16th March 2020 |
| **Return time** | Approximately 3:00 pm Wednesday 18th March |
| **Transport** | Hire bus and private vehicle driven by Lanyon High School teachers |

*Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.*

*Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

*Please note that as this is an optional activity, a payment will be required to cover costs. If the school is unable to cover the costs, the excursion/incursion/event may have to be cancelled. Should any families be experiencing financial difficulty in meeting these costs, please contact the Principal (Barbara Monsma). Individual records of contributions are strictly confidential. No refunds will be given for committed funds.*

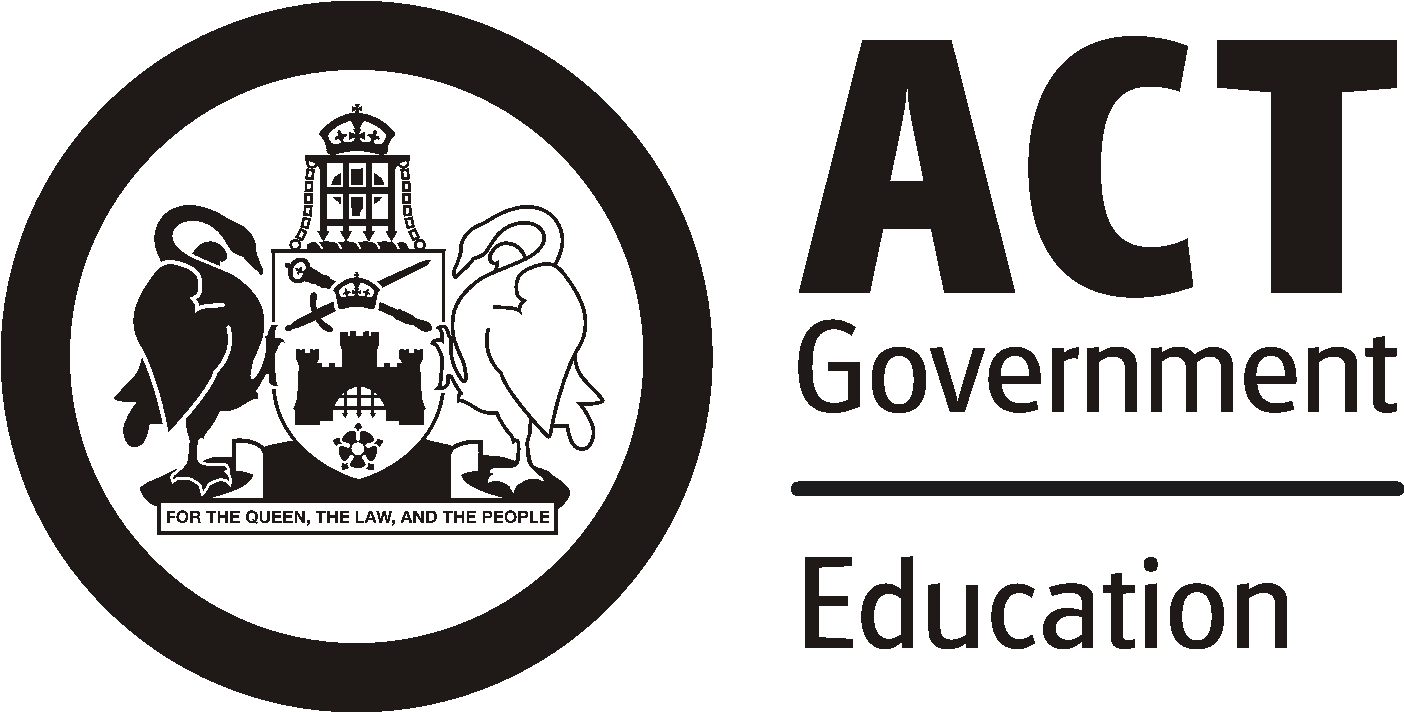
***Students on the ‘Stop List’ will not be permitted to attend.***

**If you have any queries about this excursion, please contact the school on 6142 1800.**

Yours faithfully

*Sam De Sousa*

*19 December 2019*



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**LANYON HIGH SCHOOL OUTDOOR EDUCATION TATHRA OCEAN SKILLS CAMP PERMISSION NOTE**

I give permission for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yr\_\_\_\_\_\_\_\_\_\_\_\_

to attend the **Outdoor Education Tathra Ocean Skills Camp** to **Tathra, NSW** Monday 16th – Wednesday 18th March 2020.

I understand staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

I am aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. I will warn my child of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

I authorise the teacher in charge to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency. I agree to meet the costs associated with any emergency arrangement made by the teacher in charge - free ambulance transportation only applies in the ACT.

I have read the attached information regarding this excursion and understand what it contains.

Full name of parent (please print):

Signature of parent: …………………………………………………………………………………………………………………... Date:    / /

**LANYON HIGH SCHOOL OUTDOOR EDUCATION TATHRA OCEAN SKILLS CAMP DUE 26 FEBRUARY 2020**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yr :\_\_\_\_\_\_\_\_\_\_\_\_ Amount Enclosed $

**Payment Options: Cash** ( ) **Credit Card** ( ) **Quickweb: Fee Code: TATHRA**

Preferred payment for this excursion can be made easily using ‘Quickweb’. The link can be found on the Lanyon High School website: <http://www.lanyonhs.act.edu.au/payment>

**COMPLETE THE FOLLOWING INFORMATION IF PAYING BY CREDIT CARD:**

CARD No: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ □VISA □MASTERCARD

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_\_\_ CSV: \_\_\_\_\_\_\_\_\_

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| **Permission for Aquatic Activities**  As a part of this assessment and to help ensure the safety of your child, please provide the following information:   1. **Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 2. **School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 3. **My child can swim:** No   Yes   1. **Distance my child can confidently swim:**   10m  25m  50m  100m   1. **I agree to my child taking part in swimming / aquatic activities associated with this excursion.**   Name of Parent / Carer: (*please print*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |