



GOWRIE PRIMARY SCHOOL

Jeffries Street GOWRIE ACT 2904
Telephone (02) 6142 1960
gowp@gowrieps.act.edu.au

Principal: Simon Smith



ACT
Government
Education and Training

24 September 2020

5/6 Camp Day Trip

(Ledger Number 8024-LAN-00)

Dear Parents/Carers,

After having to cancel our 5/6 overnight camp in term 4, we have created an opportunity for the 5/6 students to have a **long day** at **Birrigai Outdoor School** instead. The program that the students will participate in is the Outdoor Education 'challenge by choice' program which includes 2 different activities.

Date: Thursday Week 5 – 12 November 2020

Time: 9:00am – 5:00pm

Please arrange collection of your child from Gowrie Primary at 5pm

Transport: Q-City Busses

Cost: \$76 – includes Birrigai program, lunch at Birrigai and return bus transport.

Dress: Uniform is not necessary for this trip – please wear comfortable weather suitable clothing including a **sun smart hat**

What to Bring: Please bring a labelled jumper and drink bottle

Teachers and parent helpers may take whatever disciplinary action they deem necessary within the school's Student Management policy to ensure the safety, well-being and successful conduct of the students as a group or individually in the above mentioned activity. The teacher in charge is authorised to return the student home at the expense of the parent/guardian if it is considered that circumstances warrant such action. 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. I authorise the teachers to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

Please fill in the permission form below and return to the front office by **Monday 2 November 2020**.

Yours sincerely

Andrew Heffernan

Executive Teacher

Everyone COUNTS



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I give permission for my child _____ Class: _____ to participate in the **5/6 Camp Day Trip** on Thursday 12 November 2020 travelling by Q-City Busses.

- I have read the above information regarding this excursion and understand what it contains.
- I have discussed with my child the need for sensible behaviour during this excursion.
- I enclose payment of \$76 per child:

Cash **OR** paid online **OR** debit my Mastercard or Visa (please circle)

Card Number:

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Expiry Date: _____

Direct Deposit (preferred method)

OR

Cash (correct money in an envelope to the Front Office)

BSB: 032-777

Account No: 001367

Gowrie Primary School Management Account

Transfer Description: [Child's name] 8024LAN (please include)

Full Name of Parent/ Carer (Please Print) _____

Parent/ Carer Signature: _____

Date: _____

Mobile phone contact details in case of emergency.

Name: _____

Number: _____

Everyone COUNTS