Permission Notification Report

2017 Yr 3 Forest Lodge Camp
Dates: from 06/09/2017 to 08/09/2017

Details of excursion: The Year 3 Camp is to Forest Lodge in Jack River. The camp will be held from Wednesday September 6th to Friday September 8th. The students will travel to and from the camp by bus.

The cost of the camp is $230.00 which includes meals and all activities. (Please note that students will be required to bring a lunch on the first day).

A NON REFUNDABLE DEPOSIT OF $90.00 WILL NEED TO BE PAID BY THURSDAY MAY 4TH TO SECURE YOUR CHILD’S PLACE AT THE CAMP.

Two further payments will need to be made. The second payment of $70 is due by Thursday June 22nd with the final payment of $70 due by Thursday August 10th. Please be aware that no late payments will be accepted.

Forest Lodge Camp provides valuable experiences for our students, and is a positive time for everyone involved.

More details about the camp, including what students should pack, will be sent closer to the date. If you are interested in being a parent helper, please complete the attached note. You must have a current Working with Children’s Check to be considered.

If you have any questions or queries, please do not hesitate to contact me at the school.

Regards

Jess Skinner
On behalf of the Year 3 Team

THE ATTACHED PERMISSION FORM AND CAMP DEPOSIT MUST BE RETURNED BY THURSDAY MAY 4TH.

NO LATE DEPOSITS WILL BE TAKEN.

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: Forest Lodge Camp, 52 Forest Lodge Jack River Yarram 3971

Special needs: Students will require a lunch for the first day.

Transport method: Hired Coach

Adult responsible: Ms Jess SKINNER

Cost: $230.00

Student details:
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Student Details:

Please check details on this slip, sign and return to the school no later than the 04/05/2017.

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Medical condition/s:

Home telephone:                                            Home mobile:

Emergency contact number for this excursion:

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.