

14/05/2019

Dear Parents and Carers,

Your child has been selected to attend the 'Broaden Your Horizons' work experience opportunity at the National museum of Australia. We will also be attending the Family Unit at AIATSIS to research where our families came from and to discover community connections. The teacher in charge of this event will be Jordan Windley.

The completed permission note and payment of \$10.00 must be returned to the Finance Office by **TUESDAY 28 May 2019.**

**IMPORTANT INFORMATION:**

- Venue:** National Museum of Australia and AIATSIS, Acton Peninsula, ACT.  
**Date:** Thursday May 30, 2019.  
**Time:** 9.30am to 3.00pm.  
**Transport:** Students will need to make their own way to and from the venue.  
**Cost:** \$10.00 to student (*\$22 Staffing with school covering \$12.00*) *Event cost is free.*  
**Food:** **Morning tea is provided, students to bring lunch and water bottles.**  
**Clothing:** Mount Stromlo High School uniform .

During school hours, Mount Stromlo's front office can relay messages to staff and students on the excursion.

It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this excursion. The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund, which can be used to provide financial assistance for students where parents are unable to make the requested contribution. If however there is insufficient total funding available to meet the cost of the excursion, regrettably we may not be able to proceed.

Withdrawing from this excursion with less than 3 school days notices requires a medical certificate for a refund to be granted.

If you have any questions regarding this excursion, please contact or email via [jordan.windley@ed.act.edu.au](mailto:jordan.windley@ed.act.edu.au) and/or [zuzette.fahey@ed.act.edu.au](mailto:zuzette.fahey@ed.act.edu.au)

Regards,

Jordan Windley and Zuzette Fahey  
Humanities and Buunji Birrang Teacher and Indigenous Education Officer  
**Mount Stromlo High School**

## MOUNT STROMLO HIGH SCHOOL PERMISSION NOTE FOR 'BROADEN YOUR HORIZONS' EXCURSION

I give permission for my child \_\_\_\_\_  
to attend the **Broaden Your Horizons** excursion on **Thursday 30<sup>th</sup> May 2019**.

- Medical Consent provided early 2019 contains current information
- Medical condition has changed, and I have downloaded and completed a new Medical Consent form which is attached \*\*

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

Full name of parent (please print): \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: / /

\*\*If a Student's medical condition has changed a new Medical Consent form must be completed. The form can be downloaded from the School Website - Excursion Tab - <http://www.mountstromlohs.act.edu.au> or contact the front office on 02 6142 3444 for further assistance.

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### PAYMENT SLIP FOR 'BROADEN YOUR HORIZONS' DUE TUESDAY 28 MAY 2019

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

**Payment Options: Cash ( ) Cheque ( ) Credit Card ( ) On-line Credit Card: Fee Code: HORIZONS**

**Funds Transfer via your bank website BSB 032-777 A/C 001797 ( ) HORIZONS**

Cheques – Made payable to Stromlo High School

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

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

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

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

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the "Information Privacy Act 2014" and the "Health Records (Privacy and Access) Act 1997 (ACT)".