PERMISSION NOTE

Dear Parents and Carers,

Students from the Year 9/10 Digital Photography class and the First Nations Futures leadership class will have the opportunity to participate in a joint excursion to the Australian National Botanic Gardens. They will be spending the day at the Australian National Botanic gardens in Week 6 of Term 3, to immerse themselves in two streams of learning. The photography students will take part in a guided photography tour led by our Photography teacher William Degotardi. The First Nations Futures students will engage in an on country tour of the gardens exploring the fauna and flora of the Australian landscape. There will be opportunities for crossover of these learning streams for all students.

The completed permission note and payment should be returned to the Finance Office by **(Tuesday the 18th (Week 5)**.

IMPORTANT INFORMATION:
Venue: Australian National Botanical Gardens
Date: 26th of August - Week 6 Wednesday
Time: Leave school at 10:00am - Return approximately 2:00pm
Transport: Hired Bus
Cost: $15
Food: Bring your own picnic lunch. The cafe is available.
Clothing: School uniforms but dress for weather.
Teacher in charge: Garth Bradfield, William Degotardi
School Mobile Number:

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

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 Garth Bradfield 6142 3444 or email garth.bradfield@ed.act.edu.au

Regards
Garth Bradfield

Mount Stromlo High School

Botanical Gardens Joint Excursion PERMISSION SLIP

I give permission for my child _____

to attend the Botanical Gardens Joint Excursion excursion on 26/08/26

- Have there been any changes in your child's medical status since you last provided the school medical information? ☐ Yes ☐ No

to explore the gardens without direct supervision for the duration of the excursion?
☐ Yes ☐ No

If yes, an updated Medical Information and Consent Form is required to be completed.

- Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)? ☐ Yes ☐ No

If yes, please complete a Medication Authorisation and Administration Record.

- Is there any additional information you need to provide to support your child's participation in this excursion? ☐ Yes ☐ No

If yes, please provide these details to your child's teacher.

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 agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for sensible behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.

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 agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances *warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.*

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 meet the requested contribution. If, however, there is insufficient total funding available to meet the cost of the camp/excursion, regrettably, we may not be able to proceed.

Full name of parent (please print): _____

Signature of parent:_____ Date: / /202_

PAYMENT SLIP

Botanical Gardens Joint Excursion PERMISSION NOTE

Student Name: _____TEAM :_____ Amount Enclosed $____

Payment Options: Fee Code: BOTANIC

Quickweb ☐ Cash ☐ Cheque ☐ Parent Portal ☐

Online payment is the preferred method of payment via the Mount Stromlo High School website

On-line Credit/Debit Card Westpac Quickweb : http://www.mountstromlohs.act.edu.au/payment

Payments can also be made in person with cash, cheque or EFTPOS

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions, and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion in order to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.