**Avoca Beach Public School**

**Providing opportunities and success in a caring, safe environment**

**99 The Round Drive, AVOCA BEACH, NSW, 2251**

**Ph: (02) 4382 1416 Fax: (02) 4381 1431**

**email: avocabch-p.school@det.nsw.edu.au website: www.avocabeach.ps.education.nsw.gov.au**

**Excursion, Performance and Activity Consent Form**

Wednesday15th August, 2018

Dear Parents and Carers,

An activity has been organised for your child. The information is as follows:

|  |  |
| --- | --- |
| Title | Primary Aboriginal Dance Workshop  |
| Educational focus | This excursion has been planned to supplement the following learning being done: Physical Education, Dance |
| Venue | Gosford East Public School |
| Day and Date | Wednesday 19th September, 2018  |
| Time of departure and return | **ALL** students need to meet outside the hall at 8:30am. Students will return to school at 3pm  |
| Group / Year / Classes involved | Stage 2 and Stage 3 ATSI students |
| Transport | Travel will be by private transport. **ALL parents taking students (including their own) need to fill out the appropriate paperwork in the office prior to leaving.** See below for more information.  |
| Cost | The cost for this excursion has been subsidised from the Aboriginal Background Funds. Please ensure all permission notes are returned to Mrs Jarmaine by the due date.  |
| Accompanying staff | Michele Jarmaine  |
| Staff member with CPR training | Michele Jarmaine |
| Staff member with emergency care training | Michele Jarmaine |
| Dress requirements | Sports Uniform |
| Refreshment requirements | Food, water in a refillable bottle. |
| Behaviour requirements | Please note that students whose behaviour does not reflect the high standards expected of Avoca Beach Public School students may be excluded from attending this event. |
| Organising Teacher | If you have any questions or require further information regarding this event, please contact the organising teacher: Michele Jarmaine at school on 4382 1416 |
| Travel by private vehicle | Travel will be by private vehicle. We require volunteer drivers to transport the students to and from the venue.  Please note each student must have a seat belt and students under 10 years of age should not be seated in the front passenger seat. All drivers need to bring your registration and licence to the school for sighting by the office staff and complete a **Declaration for Volunteers** if you have not already done so (please see the attachment: **Appendix 5** for requirements. This complies with the current Department of Education policies.  |

**Michele Jarmaine Ross Hallaways – Principal**

**Please complete the attached permission notes and medical information and return to Mrs Jarmaine**

 **By Friday 14th September, 2018**

**Activity Consent Form**

**Primary Aboriginal Dance Workshop**

**Permission note due by Friday 14th September, 2018**

I do / do not consent to ……………………………………..…….. of Class ………………… participating in the Primary Aboriginal Dance Workshop at Gosford East Public School.

 I am transporting my own child to and from the venue, arrival at Gosford East Public School by 9:20am.

 I am able to assist with transporting other students.I can transport \_\_\_\_\_ students (inc. my own child)

Rego:\_\_\_\_\_\_\_\_\_\_\_ Rego Expire:\_\_\_\_\_\_\_\_\_\_\_ Licence No.:\_\_\_\_\_\_\_\_\_\_\_ Licence Expire:\_\_\_\_\_\_\_\_\_\_\_

 I give permission for my child to travel with another parent by private vehicle to and from the event. I have organised for my child to travel with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ leaving school at 8:45am.

My child has the following special needs (please provide full details and include any relevant medical details)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I give / do not give permission for my child to receive medical treatment in case of emergency.

My Medicare number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_

Parent/Carer Signature Date Contact Number on the day