



STUDENT EXCURSION PERMISSION FORM

Kindergarten are going on an excursion to Floriade and Questacon on the **20th September 2017**. We will be travelling by bus, departing school at 9:30am and returning by 2:40pm. Students will be having their Fruit Break prior to our departure from school.

SCHOOL STATEMENT:

This excursion has been carefully planned. Supervision of pupils will be conscientiously carried out, but the teachers do not expect, nor are they prepared to spend time with discipline problems. Any pupil who fails to comply with the rules, arrangements and/or spirit of the excursion will be returned to school. Any costs incurred in the early return of the pupil are the sole responsibility of the parents/legal guardians.

SCHOOL UNIFORM:

As the pupils are representing St Gregory's on this excursion, we expect that they be dressed in full and correct uniform. Failure to fulfil this obligation will mean non-participation.

For the purposes of this excursion full sport uniform must be worn.

LUNCH ARRANGEMENTS:

They will have their first break (lunch) at Floriade and second break (snack) at Questacon. Please pack their food and water bottle in a plastic bag and label the bag.

*****Return the slip below only by 4 / 9 / 17 . Retain the top half for your own information*****

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TO: St Gregory's School Attention: _____ (Teacher's name)

PUPIL'S STATEMENT:

I am willing to obey the school rules whilst attending this excursion and will participate and cooperate in the official happenings as is expected of me.

Signature of Pupil _____ Date / /

As Parent/Guardian of _____ (Please print Christian & Surname)

I _____ give my consent for him/her to participate in the excursion to _____ on / / travelling by _____,

and agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take the appropriate disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually, in the above-mentioned activity.

I also authorise the teachers and instructors 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. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

Signature of Parent/Guardian _____ Date: _____

Do you have a Questacon membership? y / n
If you do have a membership could you please send the card in for us to copy or send a copy of it.