Dear Parent

The following excursion has been organised and it would be appreciated if you would read the contents carefully. If you wish your child to attend please complete the section below and return it, together with any appropriate costs, to your child’s classroom teacher. Please remember that it is this School’s policy that if money has not been received by the due date it is presumed that your child is not attending. Thank you for your support.

ACTIVITY: CROSS COUNTRY STATE TEAM
Venue: UWA SPORTS PARK (MCGILLIVRAY) BROCKWAY ROAD, MT CLAREMONT
Classes attending: Competitors Years 4 - 7
Date of Excursion TUESDAY 13 AUGUST 2013
Time: 9:00am to 1:00pm
Purpose of excursion: As part of the curriculum area of physical education students will participate against other Schools in Cross Country.
Teacher in charge: Mrs Ercegovich
Getting to the venue. Students must make their own way to the venue. THEY DO NOT NEED TO COME TO SCHOOL FIRST.
Returning to school: Students must make their own way back to school.
Cost per student: Entry fee only $5.00 Payment due by: Thurs 8 August 2013
Payment to be made to: CLASSROOM TEACHER
Minimum student supervision Teachers in attendance
Requirements: (eg Lunch, Uniform, etc) Please remember to bring your own drink bottles, snacks and clothing appropriate for the sport and the weather and bring a hat and sunscreen.
Private Transport forms must be completed and returned if you are transporting students.

Thanking you for your cooperation,

Christy Ercegovich
Friday, 26 July 2013

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EXCURSION TO: CROSS COUNTRY STATE TEAM DUE DATE: THURS 8 AUG 2013

I have read and understood the information regarding the above excursion and give my child ________________________________ my consent to attend.

COST: $5

$ __________ Enclosed.

$ __________ Please deduct from student account.
(Only applies if you have made an advanced payment.)

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to obtain such medical treatment for my child as may be considered necessary.

I understand that my child will be travelling by private transport to and from the venue. Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to obtain such medical treatment for my child as may be considered necessary. I am aware that the Department of Education insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Signed ________________________________ (Parent / Guardian) Date ________________
**TRANSPORTING STUDENTS**
**USE OF PRIVATE AUTOMOBILES**

Volunteers transporting students who are attending camps, excursions and sporting events are requested to complete the following information. This requirement is part of the Department of Education and Training’s Policy on Excursions and Incursions and for the safety of students. Your cooperation in completing this form and returning to the school prior to the planned event is appreciated.

**NAME:** ________________________________ (please print)

**EVENT:** STATE CROSS COUNTY – MT CLAREMONT

**DATE:** TUESDAY 13 AUGUST 2013

- [ ] I have a current driver’s license. Licence No. ________________
- [ ] Driver’s license expiry date: __________
- [ ] My automobile is roadworthy in accordance with the Road Traffic Act.
- [ ] Car Registration No: _________
- [ ] I have comprehensive motor insurance.
- [ ] I do not have comprehensive motor insurance.
- [ ] I have enough seat belts to transport ________ students.

Students that I will be transporting:

_________________________________________  __________________________________________

_________________________________________  __________________________________________

_________________________________________  __________________________________________

_________________________________________  __________________________________________

**SIGNATURE:** __________________________  **DATE:** ___________