



Bull Creek Primary School Parent Consent Form

Dear Parents,

The following excursion has been organised and it would be appreciated if you would read the contents carefully. Please complete the consent form and return it, together with any appropriate costs to the school office. If no payment envelope is attached the activity has already been paid using your account credit and no money is required.

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	German Day Out	
Venue Details	Shelley PS	
Date of Excursion	22.10.2018	
Educational Purpose of Excursion	The excursion is part of the Languages studies and gives students the opportunity to communicate with other students of German.	
Supervisory Team	Ms Plani, Mr Ellis	
Classes Attending	S5 & S6	
Mode of Transport	Horizons West Bus	
Times	Leaving School	9.30 am
	Arriving at school	2.00pm
Cost per Student	\$9.50	
Payment to be made before	Monday 15 th October, 2018 to the school front office	
Requirements:eg Lunch, Uniform, etc)	Students require to bring: Recess Optional: Lunch for hungry tummies (students will get a juice and a German Brezel) Water bottle School uniform to be worn at all times and a hat	

Kind regards
Tanja Colgan
19 September 2018

Retain the above section for your records.

Return this section to school.

Home:	Work:	Mobile:
Other:		Class:

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion. I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment.

I have read and understood the information regarding the _____ and give consent for my son/daughter _____ to attend.

Signature of parent/guardian: _____ **Date:** _____

❖ The following details have changed from those recorded on my child's medical information form.
