

16/11/2017

Swing into Life Excursion

Students of Year 6 will be attending an outdoor excursion to Swing Into Life. The excursion will include activities designed to encourage students to work together to show team initiative and physical skill development, with a message of promoting healthy lifestyles and leadership. This excursion will occur immediately after their Graduation ceremony lunch. This special excursion is part of the graduation celebrations for Year 6.

Please complete the attached permission note and return it to school no later than Friday 24 November 2017.

Date: Wednesday 13 December 2017
Time: Depart Duffy Primary at 11:30am
Arrive at Duffy Primary at 2:45pm
Destination: Swing Into Life, Cnr Narrabundah Ln & Jerrabomberra Av, SYMONSTON ACT
Cost: **There is no additional cost for this excursion.**
Transport: Snowliner Bus
Food: Students will need to a water bottle and recess. A pizza lunch will be provided prior to leaving school.
What to Wear: Students should bring a change of clothes to get changed into **at school**, including hat and appropriate walking shoes. This is to help keep their graduation uniforms undamaged by the outdoor activities. The clothes worn on the excursion **WILL** get dirty.

Please complete the permission note and return it to your child's teacher **no later than** Friday 24 November 2017.

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.

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.

Attendance at this excursion is optional. Schools may offer or facilitate specific optional items, activities and services for which parents are required to pay if they want their child to access them. These excursions are classified as optional enrichment programs. If you do not wish your child to attend then a program will be available at the school.

Parents who wish their child to attend can pay the full amount within the given timeframe, or alternatively, make arrangements to make regular payments through an agreed payment plan. The Student Support fund that may be accessed to support students is used for educational purposes and to support students with a variety of educational needs. As this is an optional enrichment activity, the Student Support fund does not cover this excursion.

Regards,

Greg Pratt and Claudia Robinson

Swing Into Life Excursion

Wednesday 13 December 2017

I give permission for my child (full name) _____ in class _____ to attend the excursion to the Swing Into Life on Wednesday 13 December 2017. I understand the students will be travelling by Snowliner Bus to and from Swing Into Life, Cnr Narrabundah Ln & Jerrabomberra Av, SYMONSTON ACT, leaving school at 11:45am, returning at 2:45pm.

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 costs associated with any emergency arrangements made by the school. I agree to provide to the school any medical information relevant to this excursion. 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.

The most recent medical information you have provided the school will be taken on the excursion by the teacher in charge. Please let the school know if there have been changes in medical circumstances.

I have read the above information regarding this excursion and understand what it contains.

Yes / No

I give permission (please indicate in box) for the school to take photos of my child and share them on Facebook and/or the school website about this excursion/activity.

Full name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date: __/__/__

Daytime Contact Person: _____ Daytime Contact Number: _____