



14/03/23

Year 6 Canberra Excursion

Dear Parents and Caregivers,

This year, Year 6 will be heading to Canberra for their overnight excursion. This experience links closely with our Inquisitive History unit on Australia as a Nation and is something many students look forward to in their final years of primary school.

Please note a detailed itinerary and packing list will be supplied closer to the date of the excursion.

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| Date of the excursion | 11/09/23-13/09/23 (Term 3, Week 9) |
| Time leaving school | Approx 6:00am on Monday 11th September |
| Time returning to school | Approx 6:30pm on Wednesday 13th September |
| Student group attending excursion | Year 6 |
| Staff attending the excursion | Stage 3 Staff and an executive. Confirmation of teachers attending will be made closer to the date of the excursion. |
| Key Learning | HSIE |
| Special requirements e.g. what to bring, wear, sun protection | Packing list provided closer to date of excursion. |
| Transport | Seat belted coach |
| Accommodation | Canberra Park |
| Cost | \$382 - via eftpos or online payment. No cash payments. Please note that both the school and the P&C have made sizeable donations to be able to reduce this cost to \$382. |
| Payment due date | \$50 non-refundable deposit due by Thursday 27th April (Term 2, Week 1). Remaining \$332 due by Monday 31st July (Term 3, Week 3). |

Please sign and return payment, permission slip and medical form by: **Thursday 27th April.**

Please be aware that without a prior arrangement with the Principal, late payments will not be accepted after the payment due date. Online payments will be accepted up until 5:00 pm of the payment due date. Any online payment after 5:00 pm will be refunded.

Privacy Notice

The information provided on this form by you is being obtained for the purpose of this excursion. It will be used by the NSW Department of Education and Training in the case of emergency. Other persons and or agencies may be provided with this information for the purpose of emergency care. Provision of this information is required by law. It will be stored securely. You may correct any personal information provided at any time by contacting 43990167.

Medical Disclaimer

Parents please note there is no personal injury insurance provided by the NSW department of Education and Training for students in relation to school activities, physical education lessons or any other school activity. Parents and caregivers are advised to access the level and extent of their child's involvement in the sport program offered by the school, zone, area and state school sport associations when deciding whether additional insurance cover, above that provided by Medicare, is required.

The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

Phoebe Woodhead
Stage 3 Assistant Principal (Relieving)

Dale Edwards
Principal



Year 6 Canberra Excursion - List of Attractions

Please note this list is a rough guide and is subject to change.

- National Electoral Education Centre
- National Capital Exhibition - ANZAC Parade guided walking tour
- Royal Australian Mint
- Australian Parliament House
- National Gallery of Australia
- CSIRO
- Questacon
- Wildbark Learning Centre



Student Code of Conduct – Year 6 Canberra Excursion

It is important that students from Blue Haven Public School act in a manner which reflects our three school expectations; Safe, Respectful, and Responsible

While attending the Canberra excursion it is expected that students will represent Blue Haven Public School by following these rules at all times. Following are some examples of how these rules may be demonstrated while on the excursion:

- Following the instructions of teachers at all times.
- Carefully adhering to the rules and regulations of venues visited.
- Staying with designated groups throughout the excursion.
- Showing respect for others, including members of the public, at all times.
- Not entering cabins other than your own.
- Keeping noise to a minimum.
- Caring for your own and the property of others.
- Make the most of learning experiences while on the excursion.
- Listen to guides and presenters who will be sharing information.
- Asking questions to help improve your understanding.

Remember that the Canberra Excursion is an experience planned to be both educational and enjoyable.

At no time should the behaviour of an individual or group of students make the experience less enjoyable for others.

If students choose not to behave in an appropriate manner then one or more consequences will apply. Possible consequences include:

- Missing out on parts of activities.
- Loss of free time.
- Removal from a designated group.
- Consequences that will be applied on return to school (eg: Orange Level, Red Level - Formal Caution, etc.).
- Contact with parents.
- Parents asked to remove students from excursion. This would only be done in extreme circumstances and in consultation with the Principal and parents.

Please take an opportunity to discuss appropriate behaviour with your child and remind them of their responsibilities while attending the Canberra Excursion.



BLUE HAVEN PUBLIC SCHOOL

Year 6 Canberra Excursion

Please return the permission note and medical form by Thursday 27th April.

I give permission for _____ of class _____ to attend the Year 6 Canberra excursion from Monday 11th September - Wednesday 13th September, 2023.

I understand that travel to and from the excursion will be by seat belted coach. Yes

I have paid the \$50 deposit online through the school's website.
The receipt number is _____ Yes No

I have paid the \$50 deposit via eftpos at the front office. Yes No

I would like to use fees in advance to cover the \$50 deposit (this is only for students who have money currently left over in the system). Yes No

I understand that no late \$50 deposit payments will be accepted after Thursday 27th April. Yes

I understand that the remaining \$332 must be paid by Monday 31st July and that no late payments will be accepted. Yes

I give permission for my child to receive medical treatment in case of an emergency. Yes No

My child has special needs as detailed on the attached medical form. Yes No

I understand the attached medical form must be completed and signed to allow my child to attend. Yes

I acknowledge and agree to the terms and conditions of the attached Student Code of Conduct and have discussed it with my child. Yes

Parent/Carer signature: _____ Date: _____

Parent Name: _____ Phone Number: _____



BLUE HAVEN PUBLIC SCHOOL

Medical Information Form – Year 6 Canberra Excursion

The information provided by the parents/caregiver of the child mentioned below is being obtained for the purpose of ascertaining the relevant information, requirements and other health care related needs about the child mentioned below, who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Blue Haven Public School. It will be used by officers of the NSW Department of Education and Communities to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities. Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities. Provision of this information is not required by law, however, a failure to provide the information may mean that your child cannot participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience. Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further. You may correct any personal information provided at any time by contacting the school office.

Student Details

Student Name: _____ Class: _____ Medicare No: _____

Parent or Caregiver Contact Details

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Doctor Contact Details

Doctor's Name: _____ Doctor's Phone: _____

Emergency Contact(s) details (nominated by the parent or caregiver as an alternate contact)

Name: _____ Phone: _____

Name: _____ Phone: _____

List medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies, etc.). Outline the treatment for each. Please also list any dietary requirements.

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Medication to be administered during the excursion. Include name of medication, instructions for administration, dosage, time of administration and any possible reactions.

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Parent/Caregiver Signature: _____ Date: _____