

Permission Notification Report

18 Area4 Flying Bookworm

Date: 28/02/2018

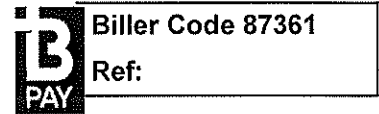
Details of excursion: The Flying Bookworm presentation will bring vibrancy and theatricality to your students' learning. Expect the children to be enlivened, entertained, engaged and educated by their experience. Anticipate that your children will leave the performance motivated to build on that experience in the classroom.

Destination: At school in Area 4

Special needs:

Transport method:

Adult responsible: Mrs Vicki BROWNE



Cost: \$7.00

Direct Deposit to: Account Name: Cranbourne West PS Council Official A/C
BSB: 633000 Account Number: 134846831

Please include the family J and excursion ID 18BOOKWORM in the reference field when making a payment.

Student details:

Tear off slip

Please check details on this slip, sign and return to the school no later than the 23/02/2018.

18 Area4 Flying Bookworm

Date: 28/02/2018

Cost: \$7.00

Use CSEF Funds

Student Name: Home Group

Medical condition/s: _____

Access Alerts: _____

Home telephone: _____ **Home mobile:** _____

Binu business hours telephone: _____

Emergency contact number for this excursion: _____

Doctor name: _____

Doctor telephone: _____

Medicare number: _____

Family has ambulance subscription: _____

I consent to my child taking part in this excursion and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner,
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of parent/guardian: _____

Date: _____

The Department of Education and Training requires this consent to be signed for all students attending school excursions.

NOTE: Parents/guardians should provide written approval prior to their child taking part in any excursion.

Privacy: School Community

There is an expectation that all members of the school community respect the rights of others by not posting or distributing photographs or videos that include other community members without their express permission or consent.

METHOD OF PAYMENT

PLEASE FILL IN RELEVANT SECTION AND RETURN THE COMPLETE PAGE

Name of Student: _____ Home Group: _____

Name of Excursion: **2018 A4 Flying Bookworm** Amount: \$ **7.00**

OPTION 1: CSEF LEVY

OPTION 2: CASH

OPTION 3: FAMILY CREDIT at the school

Parent/Guardian's Name in Full: _____ Signature: _____

OPTION 4: BPAY (MINIMUM OF \$20.00)

Billers Code: **87361** Family BPAY Ref No: **15189** _____

(Statements detailing your BPAY reference number are provided to parents in Terms 2 or contact Mary Graham at the school)

OPTION 5: EFTPOS (EFT facilities available at the office)

Credit Card Payments - Please complete Details

Bankcard Mastercard Visa

_____/_____/_____/_____ Amount: \$ _____ Expiry Date ____/____

Name on Card: _____ Authorised Signature: _____

OPTION 6: DIRECT DEBIT

Using my child's student I.D. Code, e.g. SMI0003 (found under Student Details on the attached Permission Notification Report), payment for this excursion has been deposited into the school's bank account as follows:

Name of Student: _____ Grade: _____ ID Code: _____

School's BSB: **633-000** Account No: **134846831**

Name of Account: Cranbourne West Primary School Council Official Account

OPTION 7: CENTREPAY (MINIMUM OF \$20.00)

Regular payments can be deducted from your Centrelink payments. This can be organised online or the relevant paperwork can be filled out at the front office. The service provider's (Cranbourne West Primary School) Centrepay reference number is **555 085 418 J** and your account number is your child's Student ID code. eg: SMI0001. If you need any assistance with these details please contact the front office.

OPTION 8: I DO NOT WISH FOR MY CHILD TO PARTICIPATE