

## Permission Notification Report

### 2018 Year 2 Swimming

Dates: from 13/03/2018 to 23/03/2018

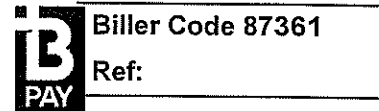
**Details of excursion:** Dates for lessons: Tuesday 13th March to Friday 23rd March. (8 lessons per student)  
SPECIAL THANKS TO D.E.T FOR PARTIALLY SPONSORING THE YEAR 2 SWIMMING.  
Please ensure prompt return of permission forms so we can confirm numbers for the busses and swim instructors. Late forms may result in the student not being able to participate.

**Destination:**

**Special needs:** Knowledge of swimming and water safety can reduce a child's drowning risk and provide them with skills that may one day save a life. It is expected that all Year 2 students participate unless they are currently participating in lessons outside of school hours.  
CSEF can be used to cover costs. If you are experiencing financial hardship please contact Debbie Dodd ASAP before 10th Feb to explore options for financial assistance.

**Transport method:** Hired Coach  
**Adult responsible:** Mrs Tara GLEESON

**Cost:** \$27.00  
**Direct Deposit to:** Account Name: Cranbourne West PS Council Official A/C  
BSB: 633000 Account Number: 134846831



Please include the family ID and excursion ID 18Y2SWIMMING 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 09/02/2018.

2018 Year 2 Swimming

Dates: from 13/03/2018 to 23/03/2018

Cost: \$27.00

Use CSEF Funds

Student Name: \_\_\_\_\_ *ibmcuser* \_\_\_\_\_

Medical condition/s: \_\_\_\_\_

Access Alerts: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Home mobile: \_\_\_\_\_

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 Year 2 Swimming (8 lessons)** Amount: \$ **27.00**

**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**