

Permission Notification Report

2023 Allambee Camp Year 3

Dates: from 29/03/2023 to 31/03/2023

Details of excursion: Allambee Camp is set on nine acres, with an additional 10 km bush walking tracks to explore. Students will engage in a wide range of outdoor activities aimed at building resilience and team work. www.allambeecamp.com.au
Student places are limited. Please return your deposit and ALL the completed camp forms ASAP. Ensure all forms are completed fully.

Destination: 390 Mirboo-Yarragon Rd, Allambee Reserve 3871

Special needs: \$100 Deposit to be made by 25th November 2022.
Final payment of \$216 to be made before 10th February 2023.

Transport method: Hired Coach

Adult responsible: Ms Janine WYNEN

Cost: \$316.00

Direct Deposit to: Account Name: Cranbourne West PS Council Official A/C
BSB: 063093 Account Number: 10001004



Biller Code 87361

Ref: 15189

Please include the family ID and excursion ID 23ALLAMBEEY3 in the reference field when making a payment.

Tear off slip

Please check details on this slip, sign and return to the school no later than the 25/11/2022.

2023 Allambee Camp Year 3

Dates: from 29/03/2023 to 31/03/2023

Cost: \$316.00

Student Name: _____

Home Care _____

Use CSEF Funds

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: _____

If there is a situation or incident which requires first aid to be administered to your child, school staff will administer first aid that is reasonably necessary and appropriate to their level of training. School staff will also seek emergency medical attention for your child if it is considered reasonably necessary. In the event that your child needs medical attention during the excursions, school staff will contact you as soon as practically possible.

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: _____

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

Name of Excursion: **2023 34 ALLAMBEE CAMP DEPOSIT** Amount: **\$ 100.00**

OPTION 1: BPAY

Billor 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 2: CSEF LEVY

OPTION 3: FAMILY CREDIT at the school

OPTION 4: 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 5: DIRECT DEPOSIT

Using child's student I.D. Code, e.g. SMI0003 (found on the statement), payment to be deposited into the school's bank account as follows:

Student ID Code: _____ Date paid: _____

PLEASE NOTE THE NEW BANK ACCOUNT DETAILS FOR CRANBOURNE WEST PS

School's **BSB: 063-093** Account No: **10001004**

Name of Account: Cranbourne West Primary School Council Official Account

OPTION 6: CENTREPAY (MINIMUM OF \$20.00)

Regular payments can be deducted from your Centrelink payments. Deductions are organised online by the parent. 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 7: I DO NOT WISH FOR MY CHILD TO PARTICIPATE

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METHOD OF PAYMENT

PLEASE FILL IN RELEVANT SECTION AND RETURN THE COMPLETE PAGE

Name of Student: _____ Home Group: _____

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

Name of Excursion: **2023 34 ALLAMBEE CAMP BALANCE** Amount: **\$ 216.00**

OPTION 1: BPAY

Bill 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 2: CSEF LEVY

OPTION 3: FAMILY CREDIT at the school

OPTION 4: EFTPOS (EFT facilities available at the office)

Credit Card Payments - Please complete Details

Bankcard Mastercard Visa

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

Name on Card: _____ Authorised Signature: _____

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