

## Permission Notification Report

### 2023 Y6 Urban Camp

Dates: from 20/02/2023 to 22/02/2023

**Details of excursion:** Year 6 students will participate in Urban Camp from Monday 20th to Wednesday 22nd February 2023. They will catch the train to and from the city and utilise public transport throughout the 3 days to access a range of venues and activities. These may include: a Melbourne river cruise, Dream City, Rock Climbing, visits to the Shrine of Remembrance, Queen Victoria Market, MCG, Australian Sports Museum and Botanic Gardens, an excursion to the Melbourne Zoo, a dinner at an Italian restaurant, a magic show and an arts and crafts sessions. Please note: specific activities are not yet confirmed. Departure and collection for the camp will be from Cranbourne Train Station.

**Destination:** Urban Camp, Brens Drive Parkville Vic 3052

**Special needs:** Students need to bring lunch and a refillable drink bottle. Backpack or small case with wheels must not exceed 10kg, keeping in mind that each child needs to carry their own bag. Remember to label all of your child's belongings. Deposit of \$142.00 due by the 5th December 2022 and the balance of \$200 is due before the 17th February 2023.

**Transport method:** Train

**Adult responsible:** Mr Christopher MCGOWAN

**Cost:** \$342.00

**Direct Deposit to:** Account Name: Cranbourne West PS Council Official A/C

BSB: 063093 Account Number: 10001004

Please include the family ID and excursion ID 23Y6URBAN in the reference field when making a payment.



Biller Code 87361

Ref: 15189

Tear off slip

Please check details on this slip, sign and return to the school no later than the 05/12/2022.

2023 Y6 Urban Camp

Dates: from 20/02/2023 to 22/02/2023

Cost: \$342.00

Student Name \_\_\_\_\_

Home Camp \_\_\_\_\_

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 Y6 URBAN CAMP - Deposit** Amount: **\$ 142.00**

**OPTION 1: BPAY**

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 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 Y6 URBAN CAMP - Balance** Amount: **\$ 200.00**

**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**

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Credit Card Payments - Please complete Details

Bankcard  Mastercard  Visa

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