

Permission Notification Report

2023 Yr5 Doxa-Malmsbury Camp

Dates: from 03/04/2023 to 05/04/2023

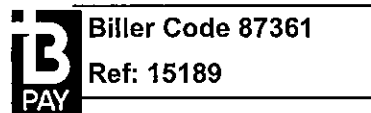
Details of excursion: Malmsbury Camp is located in central Victoria on the land of the Dja Dja Wurrung people. It offers students the opportunity to be immersed in the Australian bushland and to learn and have fun in the outdoors. Malmsbury has a range of outdoor activities which are supervised by qualified outdoor education instructors to high safety standards. Activities may include: giant swing, archery, river walk, in-ground trampolines, cooking, leap of faith.

Destination: Doxa - Malmsbury Camp, 1000 Vaughan Springs Rd, Drummond North

Special needs: The camp this year has been subsidised through the Positive Start Camps Program.
IMPORTANT NOTE: there is a restricted number of places at the camp due to the camp's accomodation capacity.
Further details will be provided closer to the camp date and more paperwork will be sent home upon receipt of paperwork.
Students will need to bring morning tea, lunch and a refillable drink bottle.
Students are requested not to bring anything with nuts.

Transport method: Hired Coach

Adult responsible: Mrs Lisa LUCAS



Cost: \$60.00

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 23Y5DOXACAMP 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 09/12/2022.

2023 Yr5 Doxa-Malmsbury Camp

Dates: from 03/04/2023 to 05/04/2023

Cost: \$60.00

Use CSEF Funds

Student Name: _____

Home Care

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: **YEAR 5 DOXA-MALMSBURY CAMP** Amount: **\$60.00**

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