

5189:Cranbourne West Primary School

Telephone: +61 3 5996 2878 Fax:

## Permission Notification Report

### 2023 A1 Hoyts Movies

Date: 07/12/2023

**Details of excursion:** To celebrate our great work this year, Area 1 students will be going to see a movie at the Hoyts Cinema in Frankston. We will not know which movie until closer to the time.  
Costing is for the movie ticket only with the bus costs to be covered by our 'Area Cultural Cafe.'

**Destination:** Hoyts Frankston, 21 Wells Road Frankston

**Special needs:** Students will take their own back-pack and water bottle.

**Transport method:** Hired Coach

**Adult responsible:** Mrs Jennifer MCEWAN

**Cost:** \$10.00



**Biller Code 87361**

**Ref:**

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

Please include the family and excursion ID 23A1MOVIES 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 01/12/2023.

2023 A1 Hoyts Movies

Date: 07/12/2023

**Cost: \$10.00**

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

*HomeCrew*

Use CSEF Funds

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

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

**Home telephone:** \_\_\_\_\_

**Home mobile:** \_\_\_\_\_

school hours telephone: \_\_\_\_\_

school 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/carer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**NOTE:** Parents/carer 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: **Area 1 Year3&4 Hoyts Movies** Amount: **\$10.00**

**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: \_\_\_\_\_

**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**