

5189:Cranbourne West Primary School

Telephone: +61 3 5996 2878 Fax:

Permission Notification Report

2024 Year 6 Oasis Camp

Dates: from 18/03/2024 to 20/03/2024

Details of excursion: Oasis Camp is located at Mount Evelyn 47km from CWPS. The camp runs for 2 nights/3 days from 9am on the 18/3/2024, returning to school at 3pm on the 20/03/2024. Activities that may be included are: archery, ropes course, swimming, canoeing, bush cooking etc. Please return your initial payment and permission form ASAP.

Destination: Oasis Camp, 62-72 Monbulk Road Mt. Evelyn Vic

Special needs: Initial Payment \$120 due: 08/12/2023 Final Payment \$220 due: 23/02/2024 TOTAL COST: \$340.00
If you are experiencing financial difficulties or require a payment plan, please contact Debbie on 5996 2878.
Payment plans will need to be completed by the final payment date.
Further details, documentation and final payments will be required by the 23rd February 2024 (at the latest) for students to be able to participate.

Transport method: Hired Coach

Adult responsible: Mr Christopher MCGOWAN

Cost: \$340.00



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 ID and excursion ID 24CAMPYEAR6 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 08/12/2023.

2024 Year 6 Oasis Camp

Dates: from 18/03/2024 to 20/03/2024

Cost: \$340.00

Use CSEF Funds

Student Name: Home Girl

Medical condition/s: _____

Access Alerts: _____

Home telephone: _____

Home mobile: _____

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: **2024 OASIS CAMP INITIAL PAYMENT** Amount: **\$120.00**
DUE DATE: 8/12/2023

OPTION 1: BPAY

Biller 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

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: **2024 OASIS CAMP FINAL PAYMENT** Amount: **\$220.00**
DUE DATE: 23/02/2024

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

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