Secondary College

Brisbane Water



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| **Dear Parent/Guardian,** | | |  | | |  | | | **Today’s Date: 2/05/2017** | | | |
|  | **Below are the details of an upcoming Excursion / School Activity involving your child:** | | | | | | | | | | | |
| **Excursion Name:** | **Year 8 snow Excursion** | | | | | | | | **Class/Group:** | **Outdoor Education** | | |
| **Destination:** | **Smiggin’s Hole** | | | | | **Dates:** | 22-25/8/17 | | **Cost:** | $565 (Skiing)  $615 (Boarding) | | |
|  |  | | | | |  |  | |  |  | | |
| ***All notes and payments (or advice of online receipt number) must be returned to Student Reception and finalised by*** | | | | | | | | | **Due Date:** | 23/6/17 | | |
| **Organising teacher:** | | **Mr J Gosden** | | | | | **Email:** | | [**joel.gosden3@det.nsw.edu.au**](mailto:joel.gosden3@det.nsw.edu.au) | | | |
| **Excursion description:**   |  |  | | --- | --- | | **Tuesday 22nd August**   * All students must attend school * 10:15pm assemble at Umina Campus * 10:30pm depart for Berridale   **Wednesday 23rd August**   * Approximately 1:30am toilet stop at Sutton Forest * 5:30am arrive at Motel in Berridale * Breakfast and fitting with ski’s, snowboards and clothing * 7:00am depart for Smiggin’s Hole * 8:30am – 4:30pm Ski/Snowboard (2x 2 hour lessons) * 6:00pm arrive back at motel * 10:00pm everyone in their rooms | **Thursday 24th August**   * 6:30am breakfast * 7:30am depart for Smiggins Hole * 8:30am –4:30pm Ski/ Snowboard (2-hour lesson) * 8:30 –10:00pm Disco at motel   **Friday 25th August**   * Before breakfast pack bags and clean rooms * 7:00am Breakfast * 8:00am depart for Canberra * 10:30am Questacon * 2:00pm depart for Umina * approx. 6.00pm arrive at Umina Campus |   **Privacy Advice Notice:** The information provided on your child is being obtained by the School for the purpose of ascertaining relevant medical information requirements and other health-care related needs about your child who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Brisbane Water Secondary College. It will be used by Officers of the NSW Department of Education and Training to assist planning, to support students and to minimise risks when conducting school excursion, sporting or other activities. Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity and persons that may be called upon to provide health-care treatment or other assistance during or as a consequence of such excursions or activities. Provision of this information is not required by law. However, a failure to provide the information may mean that your child cannot participate in a particular excursion or school activity. In such circumstances, the school will make available a sound alternative educational experience. Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the School Principal to discuss further. You may correct any personal information provided at any time by contacting the School office. | | | | | | | | | | | | |
| **Departure details:** | | **Time: 10:00pm** | | |  | | **Location:** | **Brisbane Water Secondary College Umina Campus** | | | | | |
| **Return details:** | | **Time: 6:30pm** | | | |  | **Location:** | **Brisbane Water Secondary College Umina Campus** | | | | | |
| **Transport:** | | **Travel by: Coach** | | | | | | | | | | |
| Mr J Gosden | | Excursion Co-ordinator | |  | | |  | Mr A Montgomery | | | Deputy Principal |

***To Be Completed for Overnight Excursions and All Water Activities Only***

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| **Check boxes to indicate the sections to be completed and signed by parent/caregiver and returned to Student Reception by 23/6/2017**  ☐ |
| **Water or swimming activities - advice** |
| The excursion will involve the following water or swimming activities: Recovery swim in the heated pool |
| These activities will take place at: Snowy Mountains Coach and Motor Inn |
| The school will provide the following flotation devices to students who may require assistance in the water: Floatation ring |
| **Water or swimming activities - parent/caregiver response** |
| In relation to the proposed water or swimming activities, I advise that my child is a: **(*please tick one*)**   |  |  |  |  | | --- | --- | --- | --- | | □ strong swimmer | □ average swimmer | □ poor swimmer | □ non-swimmer | |
| I advise that my child requires the following flotation device to assist him/her in the water: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I undertake to provide this device so that my child can participate in the excursion. **Yes / No**  I **give / do not give** permission for my child to participate in the water or swimming activities.  **Parent/Caregiver Signature**: |
| ☐ |
| **Overnight excursions – advice** |
| Accommodation will be at: Snowy Mountains Coach and Motor Inn |
| The group will be supervised by: J Gosden, A Montgomery |
| Additional information: |
| **Overnight excursions - parent/caregiver response** |
| I understand that my son / daughter will stay overnight as per the above details.  **Parent/Caregiver Signature**: |

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**Year 8 Snow Trip Permission Note**

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| **Student name:………** | |  | | **Roll call class:……** | | **Sub Dissection Code**: 044-330 | | |
|  | |  | |  | |  |  | |
| **I hereby consent to my child attending the Year 8 Snow Excursion on 22-25/8/17 and travelling by Coach to and from the venue. I consent to my child attending Questacon and McDonalds on the final day of the excursion. I consent to paying the cost of $565 (skiing) or $615 (Boarding) and understand that it is an extra-curricular. I consent to my child demonstrating appropriate behaviour whilst on this excursion.** | | | | | | | | |
| **Emergency Contact name:** | | |  | | **Emergency Contact Ph number:** | | | |
| **Signed:** |  | |  | | **Date:** | | |  |
|  |  | |  | |  | | |  |

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| **Medical condition:**  (circle if applicable) | Asthma | | Anaphylaxis | Allergies | Other : |
| Does the medical condition indicated, require an action plan? ***YES / NO*** | | | | | ***Medicare Number :*** |
| T:\Teacher\Common\SASS\FORMS_TEMPLATES_PROFORMAS\Pay on line graphic.JPG | | Online payment receipt number :    Amount : **$565 (skiing) or $615 (Boarding)** | | | Sub Dissection Code: 044-330 |
| \*Proceed to BWSC Umina website (Make a Payment)  (Only complete fields with green asterisk) | | | |

***PLEASE COMPLETE THE RELEVANT SECTIONS ON THE BACK***

BWSC Umina has completed a Risk Assessment for this excursion and can be provided to parents if requested