



**ACT**  
Government  
Education and Training



Respect / Tolerance & Inclusion / Excellence

Ratcliffe Crescent, Florey ACT 2615  
PO Box 223, Kippax ACT 2615  
Website: [www.floreyps.act.edu.au](http://www.floreyps.act.edu.au)

Telephone (02) 6205 8011  
Fax (02) 6205 8002

**Name of Excursion**  
**Date**

*A brief paragraph explaining why and how this excursion links to learning.*

**Venue:**

**When:**

**Time:** *Depart Florey Primary at*

*Return to Florey Primary at approx.*

**Please note: students arrive and depart school at normal times**

**Travel:**

**Cost:**

**What to bring:**

*"Staff accompanying students on this excursion will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff members are not responsible for injuries or damage to property, which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, willful or disobedient behaviour"*

*"It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this excursion. These contributions are voluntary. The school has made every effort to keep cost for this activity at a reasonable level. Where parents are unable to make the requested contribution, financial assistance can be sought after consultation and consideration of each individual circumstance by the principal. If however there is insufficient collective funding to meet the total cost of the excursion, regrettably we may not be able to proceed."*

**Please complete and return the permission note below along with the \$ payment to the front office by **DATE**.**

Thank you  
**Teacher names**

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**Permission note for Preschool "Name of excursion"  
Date of excursion**

I Parent/Carer of \_\_\_\_\_ in class \_\_\_\_\_ give permission for my child to attend the name of excursion and date.

I understand that my child will be travelling by bus to and from the venue. I agree to my child taking part in the activities associated with this excursion.

Parent/Carer contact details for excursion: \_\_\_\_\_

I have read the information regarding this excursion and understand what it contains.

Parent/ Carer name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is the information on your child's Medical consent form current? Yes/ No.

**If this requires updating, please obtain a new form from the front office or the Florey Primary School website and return it before your child attends the excursion. It is a Departmental requirement that all children attending off site excursions have a current medical consent form.**

*Payment options: Cash/Cheque payable to Florey Primary School, Credit card, EFTPOS & EFT available for this excursion/activity*

I enclose \$\_\_\_\_\_ by the following method:

- cash
- cheque (made payable to 'Florey Primary School')
- credit card (complete details on slip below)
- by EFTPOS at school
- EFT – Date of transfer \_\_\_\_\_

BSB: **032-777** Account No: **001279** Account Name: **Florey Primary School Management Account**  
Details: Name of excursion Students Name: \_\_\_\_\_

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Please complete the details below to authorise payment for: Name of excursion Excursion

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

Name of Cardholder \_\_\_\_\_

Card Type  Visa  MasterCard

Card number 

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 Exp. Date 

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Amount \$ \_\_\_\_\_ CCV No \_\_\_\_\_

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_