



**St Patrick's Parish School, Cooma  
Notification of an Excursion**

Dear Parents/Guardians,

The School would like to inform you of an excursion that has been arranged for your child's participation. The details are as follows:

<b>Title of Excursion and Area of learning</b>	Southern Region Athletics Representative Sport	
<b>Purpose for the excursion</b>	To provide students the opportunity to represent the school in competitive athletics	
<b>Date/s of excursion</b>	Thursday 3 August, 2017	
<b>Destination</b>	Bega Athletics Oval, Bega St, Bega	
<b>Supervising Teacher/s</b>	Glenyce Moxon	
<b>Time and place of departure</b>	The bus will depart the primary campus at 7am	
<b>Time and place of return</b>	The bus will return to school at 4.30pm	
<b>Transportation</b>	Bus (any empty seats will be made available to parents on a first in first served basis).	
<b>Cost</b>	Nil for bus \$5 entry per student	Please put payment in an envelope marked with your child's name and Southern Region Athletics and hand to your child's teacher.
<b>Special requirements or equipment</b>	Students will need food and drink for the day as there will be limited canteen facilities on the day.	
<b>Dress code</b>	Students are to wear full PE uniform with a hat and sunscreen.	
<b>Contact details</b>	Mrs Glenyce Moxon, 6452 1721	

If you agree to your child attending this excursion, please complete the Consent Form below and return it to the School by Monday 31 July, 2017. You are welcome to contact the School on 6452 1721, if you have any further queries.

**Steven Joyce  
Acting Principal**

**Teacher in Charge**

I \_\_\_\_\_ permit \_\_\_\_\_  
*(Name of Parent)* *(Name of Student)* *(Homeroom)*  
to take part in \_\_\_\_\_ on \_\_\_\_\_  
*(Title of excursion)* *(Date of excursion)*

I understand and agree with the activities of and arrangements made for the excursion. During the excursion, I delegate my authority to the supervising staff involved in the excursion. The staff may take necessary disciplinary action, to ensure the safety, wellbeing and successful conduct of the students.  
In the event of illness or an accident that requires medical attention, I permit supervising staff to seek necessary medical attention on behalf of my child and I agree to be responsible for any costs incurred through such action. This may include the cost of an ambulance.

**Signature of Parent:** \_\_\_\_\_ Date \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**PAYMENT DETAILS:** I enclose Cash/Cheque payable to St Patrick's Parish School, Cooma, OR please deduct \$ \_\_\_\_\_

from my Visa/Mastercard No. \_\_\_\_\_ Expiry: \_\_ / \_\_

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