



**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>	Archdiocesan Cross Country Representative Sport	
<b>Purpose for the excursion</b>	To provide students the opportunity to represent the school in competitive cross country running.	
<b>Date/s of excursion</b>	Wednesday 17 May, 2017	
<b>Destination</b>	Stromlo Forest Park, ACT	
<b>Supervising Teacher/s</b>	Mr Tim Lawley	
<b>Time and place of departure</b>	Course Walk at 11am	
<b>Time and place of return</b>	The carnival will conclude at 3pm	
<b>Transportation</b>	Private Transport	
<b>Cost</b>	\$15 entry per student	Payable to the office
<b>Special requirements or equipment</b>	Students will need food and drink for the day as there will not be a canteen.	
<b>Dress code</b>	Students are to wear full PE uniform with a hat and sunscreen.	
<b>Contact details</b>	Mr Tim Lawley, 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 15 May, 2017. You are welcome to contact the School on 6452 1721, if you have any further queries.

**Frances Robertson**  
Principal

**Tim Lawley**  
Teacher in Charge



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

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

Transport for the excursion detailed in the note will be by private vehicle. If you are able to provide transport, please complete the slip below and return to the school by Monday 15 May 2017.



**PRIVATE VEHICLE FORM**

I \_\_\_\_\_ am able to provide transport for  
 and can provide transport for:

\_\_\_\_\_ (no. of passengers)      Number of lap sash seatbelts: \_\_\_\_\_

I have a current driver's licence    Yes  No     Licence No: \_\_\_\_\_

My car registration is current      Yes  No     Registration No: \_\_\_\_\_

Current registration paperwork and Licence for drivers transporting children other than their own must be sighted by the Principal or delegate prior to excursion taking place. (Drivers will only have to do this the first time they drive students for the period of currency).

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