



**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:

Title of Excursion and Area of learning	Archdiocesan Cross Country Representative Sport	
Purpose for the excursion	To provide students the opportunity to represent the school in competitive cross country running.	
Date/s of excursion	Tuesday 22 May, 2018	
Destination	Stromlo Forest Park, ACT	
Supervising Teacher/s	Mr Tim Lawley	
Time and place of departure	Course Walk at 11am	
Time and place of return	The carnival will conclude at 2pm	
Transportation	Private Transport	
Cost	\$15 entry per student	Payable to the office
Special requirements or equipment	Students will need food and drink for the day as there will not be a canteen.	
Dress code	Students are to wear full PE uniform with a hat and sunscreen.	
Contact details	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 Thursday 17 May, 2018. You are welcome to contact the School on 6452 1721, if you have any further queries.

**Frances Robertson
Principal**

**Tim Lawley
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: _____