NAME OF STUDENT: _____________________________  Class: _____

My child has my permission to attend this activity. I authorise the teacher in charge of this activity to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary and agree to pay all such medical expenses incurred on behalf of my child. I understand that all usual school rules and expectations apply to this activity.

I also agree that in the event of my child behaving in a manner deemed as being a safety risk to himself/herself or others, I will be advised and I agree to collect him/her immediately. Expenses incurred as a result of this will be my responsibility.

Signature of Parent/Guardian: _____________________________  Date: ____________

Home Phone Number: ________________

Mobile Phone Number: ________________  (Mother)  ________________  (Father)

Emergency Contacts:
1. _____________________________  _____________________________
   Name  Phone
2. _____________________________  _____________________________
   Name  Phone
STUDENT UNDERTAKING
I understand the Code of Conduct required during my Essex Heights Sleepover and CERES Excursion. I shall behave in an appropriate manner and shall observe the rules of the Camp.

Signature of Student: ____________________________________________

STUDENT’S NAME: ____________________________________________  CLASS: ____________
PAYMENT FORM

Dear parents/guardians,

Below is the Payment slip to be returned to school by Thursday 18th August, 2016.

If you are experiencing difficulty making this payments, please speak with your child’s teacher. We are looking forward to a wonderful experience.

Sonja Ludvik, Brianna Golsworthy, Alexandra O’Connor

ESSEX HEIGHTS SLEEPOVER and CERES EXCURSION

NAME OF STUDENT: __________________________ Class: ______

I enclose the payment of $60.00 in relation to the Essex Heights Sleepover and CERES Excursion.

Signature of Parent / Guardian: __________________________

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