



ESSEX HEIGHTS SLEEPOVER AND CERES EXCURSION

PERMISSION FORM

DATE: Thursday 7th and Friday 8th September, 2017
TIMES: Sleepover at Essex Heights Primary School Thursday 7th September, 2017 5.30pm
CERES Excursion - Friday 8th September, 2017 Depart 8.30am Return 3.30pm (approx)
LOCATION: CERES Centre for Education and Research in Environmental Strategies Cnr Roberts and Stewart Streets, Brunswick East, 3057
ACCOMMODATION: Essex Heights Primary School - Violet Building
STAFFING: Sleepover: 5 Staff Excursion: 5 Staff, 3 support Staff and 2 Parent Helpers per class
COST: \$45 per student

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: _____



**ESSEX HEIGHTS SLEEPOVER
AND CERES EXCURSION**

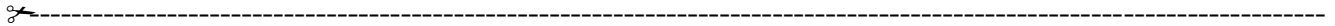
PAYMENT FORM

Dear parents/guardians,

Below is the Payment slip to be returned to school by **Friday 1st September, 2017**

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

Maria Capsalis, Amalia Georgopoulos, Brianna Golsworthy, Elisha Cotterell, Alexandra O'Connor, Andrew Russell



ESSEX HEIGHTS SLEEPOVER and CERES EXCURSION

NAME OF STUDENT: _____ **Class:** _____

I enclose **the payment** of **\$45.00** in relation to the Essex Heights Sleepover and CERES Excursion.

Signature of Parent / Guardian: _____

