



90 Michigan Drive,
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Oxenford State School

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28 July 2017

We have been able to secure a booking for Year 5 students to attend a one day excursion to Eureka – The Gold Rush experience on Friday 27th October 2017. Class teachers will accompany students.

This excursion is one of the major activities in our History work about the early settlement of Queensland. During the excursion students will observe buildings and artefacts from colonial times. They will participate in a number of activities to inform the students about what life was like for Goldminers during the Gold Rush period.

Students will be transported by the Sainty's Bus Company and seat belts will be provided. Buses will depart Oxenford State School at 8:45 am and will return to school before 3:00pm.

On the day students may wear clothing that represents how people dressed during this colonial time, including a hat that complies with our Sun Smart policy and enclosed shoes.

Students will be required to bring their own drink, morning tea and lunch in a small disposable container.

The cost of this excursion is \$35.00 per student. Please send payment to school on money collection days – Wednesday or Friday OR via one of the payment options on the next page.

Please complete the permission form below and return it with payment to school by Friday 20th October 2017. No late payments can be accepted.

Yours sincerely

Alisha Le Brese
Principal

Kim Maroske
5/6K Teacher

Kelly Moore
5M Teacher

Kerry Porter
5P Teacher

Activity Risks & Insurance: . Please note that the Department of Education and Training does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Privacy Notice: The Department of Education and Training (DET) is collecting the personal information requested in this form in order to, obtain lawful consent for your child to participate in the activity. Help coordinate the activity, respond to any injury or medical condition that may arise during, or as a result of the activity and update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

Excursion to Eureka – The Gold Rush Experience

Please return consent form with payment to the office by Friday 20th October 2017

Consent

By signing this form I agree that:

- I have read all of the information contained in this form in relation to the activity and I am aware that the Department of Education and Training does not have personal accident insurance cover for students.
- I give consent for my child, _____ in class _____, to participate in the activity on Friday 27th October 2017.
- I understand there is a cost of \$35.00 involved for my student to participate in this activity.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require.
- I accept liability for all reasonable costs incurred by the Department of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs.
- I have provided the school all relevant details of my child's medical or physical needs on enrolment and where relevant have updated this information.

Parent/Carer Name: _____ (Please Print)

Parent/Carer's Signature: _____ Date: ____/____/____

PAYMENT OPTIONS

Childs name _____ Class _____

Payment can be made at school using cash, cheque and EFTPOS (**Wednesdays and Fridays between 8:30 – 10:00am ONLY**) or

Pay by phone: Simply ring the Administration office on a Wednesday or Friday between 8.30am–10.00am with your credit/debit card details

Payment via the internet: School's Bank Account Name: Oxenford State School General A/C BSB: **064 401** A/C: **00904551**
Reference details: Please record **student name & payment reason** (B Smith-Eureka).

Date of Deposit: _____ Amount of Deposit: _____ Reference Used: _____

Please find enclosed Cash/cheque for \$

I will be paying \$ _____ by credit /debit card

Cardholder's Name: _____

Amount: _____

Card No. _____

Expiry Date: ____/____ CCV _____

Signature of Cardholder: _____

Date: _____