

Year 9 - End of Term Reward Excursion

Term 4 – AMF Bowling

(To be held FRIDAY 8 December, 2017)

Dear Parent / Caregiver

Through positive behaviours exhibited this term, your child has been invited to attend the reward activity for Term 4 at AMF Bowling in Joondalup.

Students will travel by Westwide Bus company, departing school at 11.45am and returning by 2.15pm.

Students will participate in a package which includes 2 games of bowling, hotdog, fries and a drink. Students are required to wear full school uniform and must ensure they have socks to wear with the AMF centre's shoes. The cost for the excursion is **\$26.00** which will cover the AMF bowling package and bus hire.

Please complete the permission slip and medical form and return, along with the appropriate monies, in a marked envelope with student name, to the secure drop box in reception, by Thursday 23 of November. No late payments will be accepted.

Yours sincerely

MARY SALIB
(YEAR 9 Coordinator)

19 October 2017

EXCURSION CONSENT & PAYMENT



Please complete and return to the secure payment drop box in the College Admin Office by the **due date**:

Student name :		Yr group :	9
Name of excursion and Teacher in charge :	Yr 9 AMF Bowling Mrs Mary Salib		

Parent/Caregiver contact telephone numbers in order of preference:

:	:	:	:
Name:	Name:	Name:	Name:

Parental consent declaration:

I am aware that any costs incurred as a result of accident or illness are my responsibility and that College staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion. I agree to inform the organisers well before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, College staff will arrange to present my child for medical assessment and treatment.

Tick ✓
below

Please complete below and tick to select options where appropriate

I have read and understood the information regarding the excursion:		
I give permission for my son/daughter to travel, as organised by the College, to and from the venue/s (tick yes or no on the right).		YES
		NO
Dietary Considerations eg. vegetarian, gluten		
I give permission for (student name):	to attend this excursion	
I do not give permission for (student name):	to attend this excursion	
PRINT NAME of Parent/Caregiver:		
Signature of Parent/Caregiver:	Date:	

Medical conditions:

If your child's medical circumstances have changed (since enrolment or completing the most recent student update) please contact the Enrolment Officer to request a new student update form and return updated form to the Enrolment Officer by the **due date** above: Kinross.college.enrolments@education.wa.edu.au **Any temporary injury or health concern can be noted below:**

Payment options: Please indicate your payment selection in the below

CASH PAYMENT OPTION

Name of excursion:	Cost:	Amount enclosed:
Student Name:	TAG Group:	Teacher Name:
Name and signature of Parent/Caregiver:	Name:	Sign:

DIRECT DEPOSIT PAYMENT OPTION

If paying by direct deposit **please include the student surname and initial in the payment description**. An email advising payment can be sent to: Kinross.college.finance@education.wa.edu.au

College account name: Kinross College	BSB: 016338	Account No: 199317362
--	--------------------	------------------------------

CREDIT CARD PAYMENT OPTION (Can only be selected for payments over \$15)

Student Name:	Name of excursion:									
Full name as appears on card:	Card Type (circle):	VISA	BANK CARD	MASTERCARD						
Card number:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Expiry Date:	<input type="text"/>	<input type="text"/>
Amount to be paid: \$	____ . ____		Signature of card holder:							

For staff use: Greater than \$15