

# Boys Regional Football Finals 2018



Tuesday 24<sup>th</sup> July 2018

Dear Parents/Guardians,

Your child has been selected in our school Football team to compete in the Regional Football Finals 2018. This will be a whole day event.

**When:** Tuesday 31<sup>st</sup> July 2018

**Where:** Baxter Park, Barmah Court, Frankston South

**Time:** Registration is at 9:15am and first games **start** at 9.30am. **Students need to be at school by 8.00am as we will be departing at 8.15am.** As per our Excursion Policy we will wait no longer than five minutes after the stated departure time. Students who arrive later than this will stay at school. We will return to school by 3.00pm.

**Transport:** Bus

**Cost:** \$18.00

**Teacher in Charge:** Mr Chris Jeffries

**Special requirements:** Your child will need to bring appropriate clothing for their sport to change into, (team tops will be provided for the game); school uniform must be worn to and from the event. **The players need to have a mouthguard.** The students will need to bring a drink bottle, healthy snacks, lunch, sunblock and asthma medication if required.

**How can you help:** Parents who are available to assist with the supervision on this day would be greatly appreciated. As per the excursion ratio I do need at least one parent helper to accompany me on this excursion. Please complete the section below if you are available.

**Due date for notice:** Friday 27<sup>th</sup> July 2018

Regards, Chris Jeffries

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(Please detach and return to school by Friday 27<sup>th</sup> July 9:00am)

## Beaconsfield Primary School – Boys Regional Football Finals 2018

Student's name: ..... Student's Grade.....

I enclose \$18.00 as full payment for the excursion. **PLEASE NOTE OUR PREFERRED METHOD OF PAYMENT IS USING THE QKR APP**

Method of Payment (please tick): Cash  Chq  Credit Card/EFT  BPAY  QKR

**If using QKR/BPAY method, please make sure you send the permission note back the next day.**

I consent to my child taking part in **Regional Football Finals 2018** and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impractical to contact me, I authorise the teacher in charge to:

- Consent my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Contact number for this excursion: .....

Signature of parent/guardian: .....

Date:.....

The Department of Education and Training requires this consent to be signed for all students attending school excursions.

**PARENT HELPER SECTION:** I am able to help at the Regional Football Finals on Tuesday 31<sup>st</sup> July 2018 and I have a current **Working With Children Card that is registered with Beaconsfield Primary School.**

Name ..... Contact Phone Number .....

Working with Children's card Number.....