

Regional Final Grade 3/4 All Stars Hoop-Time 2018



Beaconsfield
PRIMARY SCHOOL 1890

Tuesday 11th September 2018

Dear Parents/Guardians,

Your child has been selected to be a member of one of Beaconsfield Primary School's Hoop-Time basketball teams in 2018.

When: Thursday 11th October 2018.

Time: The students will be leaving the school at 8:30am sharp (please arrive at school at 8:15am) as the first game starts at 9:30am. The last game will finish no later than 2:45pm and we will return to school by 3:15pm. 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.

Where: Dandenong Indoor Sports Stadium, Stud Road, Dandenong North, Melways Ref: 90 G1

Transport: Private Transport

Cost: \$9.00 Event entry. If we do not have enough parent helpers to help with the transport of the students we will need to hire a bus and the cost of the excursion will need to rise to \$18:00 per student.

Special requirements: Your child will need to bring appropriate footwear and clothing (shorts are recommended) to change into; school uniform must be worn to and from the event. The students will need to bring a drink bottle, lunch and healthy snacks, a coat and asthma medication if required.

How can you help: Parents who are available to act in the role of team supervisor, timekeeper and/or score keeper are required so that our team can participate. You must have a current Working With Children Card. Please fill in your details if you are available to help.

Due date for notice and money: Thursday 20th September at 9:00am

Anthony Cole - Physical Education Coordinator.

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(Please detach and return to school by Thursday 20th of September at 9:00am)

Regional Final Grade 3/4 All Stars Hoop-Time 2018

Student's Name: Student's Grade

I enclose **\$9.00** 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 Final Grade 3/4 All Stars Hoop-Time 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.

I am able to help at the Regional Final Grade 3/4 All Stars Hoop-Time on Thursday 11th October 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.....

BEACONSFIELD PRIMARY SCHOOL
INDEMNITY FORM – FOR USE OF PRIVATE MOTOR VEHICLE

THIS FORM MUST BE COMPLETED & RETURNED

OPTION 1: TO BE COMPLETED IF YOU ARE DRIVING YOUR OWN CHILD

I give permission for my son/daughter _____ to be transported in my car.

Does your car have Private Comprehensive Insurance?

Yes No (Please circle)

Registration No. _____

Event: Regional All Stars Hoop-time Basketball

When: Thursday 11th October

Where: Dandenong Indoor Sports Stadium, Stud Road, Dandenong North, Melways Ref: 90 G1

Time: First game will **start** at 9.30am. We need to be at school around 8:15am and no later than 8:20am so we can be on the road by 8:30am. The last games will be finished around 2:30 pm and we will be returning to school no later than 3:15pm.

If, due to unforeseen circumstances, I am unable to transport my child on the day, I understand that my child will be transported in another car which is comprehensively insured and driven by a responsible member of the school community.

(Option 2 must then be completed).

Parent's Name: _____

Signature: _____ Date: _____

Emergency phone number if contact needs to be made ON THIS DAY _____

OPTION 2: TO BE COMPLETED IF YOU REQUIRE YOUR CHILD TO BE DRIVEN IN ANOTHER CAR

I give permission for my son/daughter _____

to be transported by private car which is covered by Private Comprehensive Insurance.

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If, due to unforeseen circumstances, the nominated driver is unable to transport my child on the day, I understand that my child will be transported in another car which is comprehensively insured and driven by a responsible member of the school community.

Parent's Name: _____

Signature: _____ Date: _____

Emergency phone number if contact needs to be made ON THIS DAY _____

OPTION 3: TO BE COMPLETED IF YOU ARE ABLE TO TRANSPORT EXTRA CHILDREN IN YOUR

I have a current Working With Children Card and it is registered with Beaconsfield Primary School.

Name _____

Contact Phone Number _____

Working with Children's card Number _____

How many children can you safely transport in your car? _____ (Please fill in a number)