

# Regional Final Grade 5/6 Future Stars Hoop-Time 2018



**Beaconsfield**  
PRIMARY SCHOOL 1890

Tuesday 11<sup>th</sup> 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:** Monday 15<sup>th</sup> 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 2:30pm and we will return to school by 3:15pm.  
**Where:** Dandenong Indoor Sports Stadium, Stud Road, Dandenong North, Melways Ref: 90 G1  
**Transport:** Private Transport  
**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.**  
**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 20<sup>th</sup> September at 9:00am

Anthony Cole - Physical Education Coordinator.

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

## Regional Final Grade 5/6 Future 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 5/6 Future 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 5/6 Future Stars Hoop-Time on Monday 15<sup>th</sup> October 2018 and **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.....

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 Future Stars Hoop-time Basketball

**When:** Monday 15<sup>th</sup> 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.

**Event:** Regional Future Stars Hoop-time Basketball

**When:** Monday 15<sup>th</sup> 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, 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)