

Regional Final Grade 5/6 All-Stars Boys Hoop-Time 2018



Beaconsfield
PRIMARY SCHOOL 1890

Tuesday 9th October 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 22nd 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: Wednesday 17th October at 9:00am

Anthony Cole - Physical Education Coordinator.

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(Please detach and return to school by Wednesday 17th of October at 9:00am)

Regional Final Grade 5/6 All-Stars Boys 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 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 All-Stars Boys 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 All Stars Hoop-Time on Monday 22nd 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 All Stars Hoop-time Basketball

When: Monday 22nd October 2018

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)