



Chess Tournament Excursion Wednesday 22nd August 2018

Date of Excursion: *Wednesday 22nd August 2018*

Transport Method: *Bus (Ventura Buses with seat belts)*

Teachers Responsible: *Ann Burns and Chris Davies*

Cost: *\$20 (payment covers chess tournament fee, supply of equipment and bus payment)*

Departure Detail: *9:00am (students to arrive at 8:50am)*

Return Details: *3:00pm (approx)*

Things to bring: *Snacks, lunch and drink*

Students are expected to wear school uniform and provide their own lunch and drinks.

Please turn the page over and complete the details, sign and return to school with payment by Monday 20th August 2018

If you have any further queries please don't hesitate to contact me.

*Chris Davies
Karingal Primary School*

Karingal Primary School Chess Excursion - St John Vianney's Primary School**Teacher Copy****Wednesday 22nd August 2018**

Dear Parent/Guardian,

Please complete the details on this slip, sign and return to school by **Monday 20th August 2018**

Name of Student: _____ Grade: _____

Medical Condition/s/Allergies _____

Family Home Telephone: _____ Family Mobile Telephone: _____

Contact Number during this Excursion: _____

Business Hours: _____ Mobile: _____

Doctor Name: _____ Phone Number: _____

Medicare Number: _____

I consent to my child taking part in this excursion and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- Consent to 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

Parents Name: _____

Signature of Parent/Guardian: _____ Date: ____ / ____ /2018

The Department of Education requires signed consent for all students attending school excursions.

Karingal Primary Chess Excursion - St John Vianney's Primary School**Office Copy****Wednesday 22nd August 2018**

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Parents Name: _____

Signature of Parent/Guardian: _____ Date: ____ / ____ /2018

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

☐ CASH ☐ CHEQUE ☐ CREDIT CARD ☐ BPAY ☐ CSEFAmount Enclosed \$ CNV ☐☐☐

Please debit my Visacard / Mastercard

Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

With the sum of \$

Name (as shown on card) (BLOCK LETTERS)

Signature Expiry Date/.....

Credit Card if only available for amounts over \$10.00

