

## ACT VOLLEYBALL DAY PERMISSION NOTE

Dear Parents and Carers,

We would like to invite your child to represent Mount Stromlo High School at the ACT Volleyball Day.

The completed permission note and payment slip must be returned to the Finance Office by **Friday 21st June 2024**  
**(Week 8 Term 2)**

### IMPORTANT INFORMATION:

**Venue:** National Hockey Centre (Indoor), Lyneham

**Date:** Friday 28th June (Week 9)

**Time:** 8.45am – 2.30pm (please arrive by 8.30am)

**Transport:** Students are to make their own travel arrangements to and from the event

**Cost:** **\$25.00 (\$15 Staffing, \$10 entry)**

**Food:** Students need to bring food and drinks for morning tea and lunch. Water bottles can be refilled throughout the day.

**Clothing:** PE Shirt and appropriate footwear. A playing top will be provided to you on the day.

**Teachers in charge:** Brad Jones

During school hours, Mount Stromlo's front office can relay messages to staff and students on the excursion.

It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this excursion. The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund, which can be used to provide financial assistance for students where parents are unable to make the requested contribution.

If you have any questions regarding this excursion, please contact [bradley.jones@ed.act.edu.au](mailto:bradley.jones@ed.act.edu.au) or phone 61423444.

Regards

Joh Davies

Executive Teacher – HPE Faculty

**Mount Stromlo High School**

## ACT VOLLEYBALL DAY PERMISSION NOTE

I give permission for my child \_\_\_\_\_  
to attend the **ACT Volleyball Day** which is held on **Friday 28th June 2024 (Week 9)**.

- Have there been any changes in your child's medical status since you last provided the school medical information?  Yes  No

*If yes, an updated [Medical Information and consent](#) is required to be completed*

- Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?  Yes  No

*If yes, please complete a Medication Authorisation and Administration Record.*

- Is there any additional information you need to provide to support your child's participation in this excursion?  Yes  No

*If yes, please provide these details to the organising teacher.*

*Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for sensible behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.*

*Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour. I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.*

*It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this excursion. The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund which can be used to provide financial assistance for students where parents are unable to meet the requested contribution. If, however, there is insufficient total funding available to meet the cost of the camp/excursion, regrettably, we may not be able to proceed.*

Full name of parent (please print): \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: / /202\_\_

## PAYMENT SLIP

### ACT VOLLEYBALL DAY

Student Name: \_\_\_\_\_ TEAM : \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

**Payment Options: Fee Code: ACTVOL**

Quickweb       Cash       Cheque

Online payment is the preferred method of payment via the Mount Stromlo High School website

On-line Credit/Debit Card Westpac Quickweb : <http://www.mountstromlohs.act.edu.au/payment>

Payments can also be made in person with cash, cheque or EFTPOS

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions, and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion in order to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website ([www.det.act.gov.au](http://www.det.act.gov.au)) on the [About Us page](#).