



ACTIVITIES WEEK POOL DAY PERMISSION NOTE

Dear Parents and Carers,

Get ready for a splash of excitement! Week 10 Activities Week is just around the corner, and we're thrilled to announce that one of the highlights will be a fantastic pool day at the amazing Dickson Pool. Please see below the details about all the fun planned for your child during this eventful week.

The completed permission notes and payment should be returned to the Finance Office by Friday 6th of December (Week 8, Term 4 2024).

IMPORTANT INFORMATION:

Venue: Dickson Pool, 152 Cowper St, Dickson ACT 2602

Date: Thursday 12th December.

Time: 9:00 am -3:00 pm

Transport: ACTION Buses from School to the pool and return by 3:00 pm.

Cost: \$17 (this cost covers bus transport, pool entry and staffing)

Food: Students will need to bring their own food and drink to sustain them for a day of physical activity. Drink Bottles can be refilled at the venue. Students are encouraged to bring their own food but some food may be available via a canteen run by Dickson Pool. Students are not able to leave the venue during the day to purchase food.

Clothing: Sun safety is a priority. Swimmers, including a sun safe t-shirt, towel, hat, sunscreen, backpack, drink bottle, change of clothes.

Teacher in charge: Teegan Townsend

Mount Stromlo's front office can relay messages to staff and students on the excursion during school hours. Withdrawing from this excursion with less than 3 school days' notice requires a medical certificate for a refund to be granted. If you have any questions regarding this excursion, please contact Teegan Townsend on 6142 3444 or email teegan.townsend@ed.act.edu.au

Regards Teegan Townsend Executive Teacher – HPE Faculty **Mount Stromlo High School**





	Permission for Dic	kson Po	ool Day
As a pa inform	art of this assessment and to help ensure the sa ation:	ifety of yo	our child, please provide the following
1. 2.	Name of Child:School Year:		
3.	My child can swim:		No
			Yes
4.	Distance my child can confidently swim:		
			10m
			25m
			50m
			100m
5.	I agree to my child taking part in swimming / excursion.	aquatic a	activities associated with this
Name	of Parent / Carer: (<i>please print</i>)		
Signatı	ure:		
Date:			
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give	permission for my cl	nild					to attend th	е
ACTIV	TIES WEEK POOL DA	Y on Thursda	ay 12th December	2024. (Week 9,	Term 4).			
-	Have there been any information?	y changes in y □ Yes	your child's medic □ No	al status since y	ou last provide	ed the sch	ool medical	
	If yes, an updated Me	dical Information	on and consent is re	quired to be com	oleted			
-	Will your child requ pain relief)?	ire medication - Yes	n to be administe No	red during the e	xcursion (e.g. a	llergy med	dication,	
-	Is there any addition excursion?	nal informatio	on you need to pro	vide to support	your child's pa	rticipation	n in this	
f yes, p	lease provide these detai	ls to your child's	teacher.					
control a previous welfare o	companying students on ex and supervise their behavi ly. I have discussed with m of my child (including medi cal information relevant to r	our and activities ny child the need t ical or surgical tre	s. I agree to my child p for sensible behaviour c eatment) in an emergenc	articipating in the ac on this excursion. I ac	tivities associated v uthorise the school	with this exc to make arra	ursion mentione ngements for th	ed ne
circums disobedi authoris	should be aware that staff tances, staff have not been ent behaviour. I agree tha ed to return my child to sch to travel by private car, driv	negligent. Parents t my child will be ool or home at my	s should warn children o e under the authority o expense if the school co	f the risk to themselv f the school for the onsiders that circum	es, to others and to duration of the exc	property, of ir ursion and t	mpulsive, wilful hat the school	or is
nas mad or stude	tomary for the school to red le every effort to keep costs ents where parents are una p/excursion, regrettably, we	s for this activity a ble to meet the re	at a reasonable level. W quested contribution. If,	e have an equity fund	which can be used	to provide fin	ancial assistan	се
-ull na	nme of parent (please	e print):						
Signat	ure of parent:					. Date:	/ /202_	





PAYMENT SLIP ACTIVITIES WEEK POOL DAY

Student Name:		TEAM :	Amount Enclosed \$					
Payment Options: Fee Code: POOLDAY								
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 need any assistance with funding support please contact Melissa Wales at the finance office at Melissa.Wales@ed.act.edu.au.

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) on the About Us page.