



ACT
Government
Education



HARRISON
SCHOOL

Excursion to US Embassy for 5/6DJ, 5/6DM, 5/6KC & 5/6SH

Dear Parent/Carer

Please complete and return to the front office no later than: **Mon 27/3**

COST: \$5.50 Cost Covers: Travel Entry Program Other

NOTE: I accept that if my child is sick or unable to attend, **NO** refund will be provided from the school if written notification is received less than 7 days before the excursion.

Excursion date: **Thursday 30 March 2017**
 Departure time: **9.15am** Return time: **11:30am**
 Excursion venue: **US Embassy, Yarralumla**
 Mode of transport: **Bus**

Excursion requirements: **No need to take anything. Further info on back of note**

NOTE: Students going on the excursion are required to wear official school uniform

Teacher in Charge: **Dave McGibbon**

Contact details: **david.mcgibbon@ed.act.edu.au**

**CHILDREN WHO HAVE NOT RETURNED A SIGNED PERMISSION FORM
WILL NOT BE ABLE TO ATTEND THE EXCURSION**

✂.....

I consent for my child _____ in _____ to attend
US Embassy on Thursday 30 March 2017

I have paid the amount of: **\$5.50**

CASH **CHEQUE** **CREDIT CARD** **WESTPAC QUICKWEB**
 Receipt No. _____

Westpac Quickweb: use PAYMENTS tab on school website home page/Credit card details provided on payment envelope

We have an **Excursion Medical Information and Consent Form** on file. Please note any information below about current medical requirements and/or needs of your child relevant to this excursion.

I have read the information at the top and back of this permission form regarding this excursion and understand what it contains.

Signature: _____ Contact number for parent/carers during this excursion: _____
 Please tick if you hold a current Working with Vulnerable People card

Name: _____

Office Use Only: Family Key: _____ OPT. FAMB _____ Fee Code: **USEMBASSY**
 Student Key: _____