



COOMERA STATE SCHOOL

Dreamworld Parkway Coomera Qld 4209

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Principal: Year 3 sector: Mr Chris McMillan

Deputy Principal: Year 4 to 6 sector: Mrs Eileen Furlonger

Deputy Principal: Prep to 2 sector: Mrs Shiree Salazar

Head of Special Education: Mrs Jo Eastman

Head of Curriculum: Mrs Anne Hansford

PARENT INFORMATION TO KEEP

EXCURSION INFORMATION AND CONSENT to Beenleigh Historical Village and Museum

16th June 2016

Dear Parent/Caregiver,

As part of our school program we have arranged a Year 1 excursion to Beenleigh Historical Village and Museum, which will involve your child, subject to your permission.

Details of this excursion are outlined below:

Educational Aims:

- In Term 3 students will be exploring in History the differences and similarities between their daily lives and life during their parents' and grandparents' childhoods. They will be investigating differences in family structures and roles today, and how these have changed or remained the same over time.
- At the Beenleigh Historical Village and Museum students will be able to discover what life in the early days of Australia. Throughout the day students will be able to explore, collaborate and pose questions to further extend their knowledge and understanding. Students will be immersed in interactive, hands on and fun demonstrations which will give them insight to life in Early Australia.

Date of Activity:

- Tuesday 26th July 2016 for 1A, 1B
- Wednesday 27th July 2016 for 1C, 1D, 2/1G

Departure Time: 9:00am

Departure Meeting Point: Classroom

Arrival back at school: 2:25pm, ready for a normal 3pm collection

Transport: Bus

Cost: \$17.00

Last day for payment: Monday 18th July 2016 (Finance Office Open: Mon, Wed, Fri 8:15am-9:30am)

Clothing: School Uniform and School Hat

Lunch/food arrangements: Morning tea and lunch in disposable labelled bag, disposable water bottle.

Medical Information: Please ensure you have updated the office with any medical information (such as diabetes, asthma, travel sickness, allergies or anaphylaxis and medication that may be required for certain locations) as a medical list will be attained from the school office 2 days prior to departure.

Insurance Information: Parents are advised that the Department of Education and Training does not have Personal Accident Insurance cover for students. Education Queensland has public liability cover for all approved school activities and provides compensation for students injured at school only when the Department is negligent. If this is not the case, then all costs associated with the injury are the responsibility of the parent or caregiver. It is a personal decision for parents as to the type and level of private insurance they arrange to cover students for any accidental injury that may occur.

Please complete the form on next page as soon as possible and return to the office upon payment.

Yours faithfully

Class Teacher


Deputy Principal



PLEASE RETURN THIS FORM and PAYMENT

TO THE OFFICE BY Monday 18th July, 2016

RETURN TO SCHOOL OFFICE *

EXCURSION INFORMATION AND CONSENT
to Beenleigh Historical Village and Museum

1. I give permission for _____ in _____ to participate in the
 (Full name) (Class)

Year 1 excursion to Beenleigh Historical Village and Museum on 26th July (1A, 1B) or 27th July (1C, 1D, 2/1G). I will fulfil the resource requirements for the activity. I understand, that if my child's behaviour becomes a concern, then the opportunity to participate in the trip may be removed.

OPTIONAL:

2. I, _____ am able to offer my assistance as an adult supervisor to assist at this excursion. (Should your assistance be required the class teacher will contact you.)

 Parent/Caregiver's Name Signature Parent/Caregiver

* * * * *

Payment Options

INTERNET TRANSFER

Student's Name: _____ Class: _____ Reference Code: HIST

Amount Paid: _____ Transfer Reference/Confirmation: _____

Date Transferred: _____ Signature: _____

School Bank Details:

BSB: 064-430 Account Number: 00090286 Account Name: Coomera State School General Account

Transfer to show: Student Name: Class: Reference Code eg: Billy Smith: 1C: HIST

CREDIT CARD PAYMENT

Student's Name: _____ Class: _____

Amount Paid: _____ Reference Code: HIST

Name on Credit Card: _____ Card Type: Visa MasterCard
 American Express/Diners Club not accepted

Credit Card Number: _____ Expiry Date: ____ / ____

Signature on Card: _____

FINANCE WINDOW PAYMENT
 Finance Window Open:
Monday, Wednesday, Friday
8:15am – 9:30am

*****IF PAYING BY CASH PLEASE PROVIDE CORRECT MONEY AS WE DO NOT KEEP CASH ON PREMISES TO GIVE CHANGE*****