



# COOMERA STATE SCHOOL

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**Principal:** Chris McMillan  
**Deputy Principal 4-6:** Eileen Furlonger  
**Deputy Principal P-1:** Shiree Salazar  
**HOSES SEU:** Jo Eastman  
**Head of Curriculum:** Anne Hansford

10<sup>th</sup> June, 2016.

**\*\*\*PARENT INFORMATION TO KEEP\*\*\***

## **EXCURSION INFORMATION AND CONSENT**

### **TALLEBUDGERA LEADERSHIP CAMP - 29<sup>th</sup> AUGUST – 2<sup>ND</sup> SEPTEMBER, 2016.**

Dear Parents and Caregivers,

Final costing has been completed based on the numbers received from the Expressions of Interest forms that were sent out and returned last term.

This year the camp has changed format. There will be two (2) separate overnight camps offering the exact same activities. The first camp will be held Monday 29<sup>th</sup> August until Wednesday 31<sup>st</sup> August. The second camp will be held Wednesday 31<sup>st</sup> August until Friday 2<sup>nd</sup> September. On each camp the students will spend two (2) nights camping in cabins at the Tallebudgera Outdoor Education School.

The cost of each three (3) day excursion is **Two Hundred and Ten Dollars (\$210.00)** per child, including accommodation, catering, the program as well as buses to and from the camp. **Payment for this program is due to the finance window by Wednesday 10<sup>th</sup> of August. Paperwork is due back one week prior, Wednesday 3<sup>rd</sup> August.** When paying please quote reference code: **Reference Code: LC.** **Please note that the Payment Window is not open the final week of Term 2. Payments can be made via online banking over the holidays or at the Payment Window Term 3.**

Medical forms and other information will be sent home with participating children early in Term 3. Please ensure that these forms are filled out as completely and honestly as possible so that we can ensure the best supervision and care for your child.

**As you can appreciate PARTICIPATION in this excursion IS DEPENDENT UPON APPROPRIATE BEHAVIOUR being displayed at all times prior to, and during the days of this camp. Due to the nature of excursions and booking appropriate venues, transport and instructors please note that monies are non-refundable.** Therefore, should you child be unable to attend or continue participation due to inappropriate behaviour choices we are unable to refund any monies to parents.

Should you have any queries regarding this excursion, please contact your classroom teacher or feel free to contact me direct.

Thank you for your support,  
Kind Regards,

Ms. Fiona Mount  
on behalf of the Year 5 teachers  
[fmoun1@eq.edu.au](mailto:fmoun1@eq.edu.au)

Mrs. Eileen Furlonger  
Deputy Principal

PLEASE COMPLETE SECTIONS A & B ONLY IF YOU HAVE NOT ALREADY COMPLETED THESE ON THE "EXPRESSION OF INTEREST" FORM.

**TO THE OFFICE BY: Wednesday 3rd August, 2016.**

**TALLEBUDGERA LEADERSHIP CAMP**  
**29<sup>th</sup> AUGUST - 2<sup>nd</sup> SEPTEMBER, 2016.**

**A) Consent for student to attend.**

I \_\_\_\_\_ (parent name) being the parent / caregiver for \_\_\_\_\_ (student name) in \_\_\_\_\_ (class) hereby give my permission for them to attend the Coomera State School Leadership Camp, being held at the Tallebudgera Outdoor Education School, and participate in all activities being undertaken.

**B) Notice of student swimming ability.**

**(Please tick only one box to indicate the swimming ability of your child).**

- My child is a strong competent swimmer (can swim unassisted for 100 m)
- My child is a good swimmer (can swim unassisted for 50 m)
- My child needs assistance when swimming (needs reassurance)
- My child is unable to swim

**C) Payment Options.**

<b><u>INTERNET TRANSFER</u></b>		
Student's Name: _____	Class: _____	Reference Code: LC
Amount Paid: _____	Transfer Reference/Confirmation: _____	
Date Transferred: _____	Signature: _____	
<b><u>School Bank Details:</u></b>		
BSB: 064-430 Account Number: 00090286 Account Name: Coomera State School General Account		
Transfer to show: Student Name: Class: Reference Code eg: Billy Smith:5A:LC		

<b><u>CREDIT CARD PAYMENT</u></b>		
Student's Name: _____	Class: _____	
Amount Paid: _____	Reference Code: _____	
Name on Credit Card: _____	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Bankcard <input type="checkbox"/> MasterCard American Express/Diners Club not accepted	
Credit Card Number: _____	Expiry Date: ____ / ____	
Signature on Card: _____		

<b><u>FINANCE WINDOW PAYMENT:</u></b> Monday, Wednesday, Friday – Term 3 8:15am – 9:30am
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Coomera State School strives to develop the individual members towards their full potential.