Regional Football Finals 2017

Monday 31st July 2017



Dear Parents/Guardians,

Your child has been selected in our school Football team to compete in the Regional Football Finals 2017. This will be a whole day event.

When: Monday 7th August 2017
 Where: Highett Sports Reserve, Turner Rd, Highett Melways Ref. 77 G9
 Time: Registration is at 9:15am and first games start at 9.30am. <u>Students need to be at school by 7.30am as we will be departing at 7.45am.</u> As per our Excursion Policy we will wait no longer than five minutes after the stated departure time. Students who arrive later than this will stay at school. We will return to school by 3.00pm.
 Transport: Bus
 Cost: \$20.00

Teacher in Charge: Mr Chris Jeffries

Regards Chris leffries

Special requirements: Your child will need to bring appropriate clothing for their sport to change into, (team tops will be provided for the game); school uniform must be worn to and from the event. <u>The players need to have a mouthguard.</u> The students will need to bring a drink bottle, healthy snacks, lunch, sunblock and asthma medication if required.

How can you help: Parents who are available to assist with the supervision on this day would be greatly appreciated. As per the excursion ratio I do need at least one parent helper to accompany me on this excursion. Please complete the section below if you are available.

Due date for notice: Thursday 3rd August 2017 9.00am

Regards, China Jennes	
(Please detach and return to school by Thursday 3 rd August 9:00am) Beaconsfield Primary School - Regional Football Finals 2017	
Student's name:	Student's Grade
I enclose \$20.00 as full payment for the excursion.	
Method of Payment (please tick): Cash Che	q BPAY EFT
If using BPAY method, please make sure you send the permission note back the next day.	
 I consent to my child taking part in Regional Football Finals 2017 and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impractical to contact me, I authorise the teacher in charge to: Consent my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner, Administer such first-aid as the teacher in charge may judge to be reasonably necessary. Contact number for this excursion: 	
Signature of parent/guardian:	Date:
The Department of Education and Training requires this consent to be signed for all students attending school excursions.	
PARENT HELPER SECTION: I am able to help at the Working With Children Card that is registered with Be	Regional Football Finals on Monday 7 th August 2017 and I have a current eaconsfield Primary School.
Name Co	ntact Phone Number

Working with Children's card Number.....