

EXCURSION NOTICE

Excursion Details:	Term 2 Interschool Sports for Level 5 and 6 All home games will be played at the following venues: Football @ Beazley Reserve, Netball @ Chelsea Netball Club, Soccer @ Bicentennial Park, Teeball @ CHPS	
Level(s):	5 and 6	
Dates:	Friday, May 25 th Friday, June 1 st Friday, June 8 th Friday, June 15 th Friday, June 22 nd	WINTER LIGHTNING PREMIERSHIP (Away) St. Joseph's @ CHPS (Home) Chelsea @ CHPS (Home) CHPS @ Aspendale Gardens (Away) St. Louis @ CHPS (Home)
Travelling Arrangements:	Bus (only away games)	
Departure Time:	9:00am	
Return Time:	11:00am (Lightning Prem return will be approx. 2:00pm)	
Staff member/s responsible for excursion:	Mr. Stevenson, Mr. Ireson, Ms. Thomas, Mrs. Reiffel, Mr. Duncan, Mr. Smith	
Additional arrangements:	<i>The number of Level 5 students that play each week may change depending on what teams the other schools have. Students will be notified at the start of each week if they are playing or not.</i>	
Cost	Level 6: \$45 was due at the start of 2018 covering the whole year. Please ensure this has been paid. Level 5: \$10 for the term and please sign a permission form on Qkr!	

Please pay on Qkr! OR sign below and send payment by: Friday May 18th, 2018.

CHELSEA HEIGHTS PRIMARY SCHOOL EXCURSION PERMISSION

I give permission for my child to attend **TERM TWO INTERSCHOOL SPORTS EXCURSION**

I have paid on Qkr! **YES / NO** Date: ___/___/____ Receipt #: _____

STUDENT'S NAME: _____ LEVEL: _____

In the event of illness or injury to my child, I authorise the teacher in charge of the excursion, where it is impracticable to communicate with me, to consent to emergency medical arrangements / treatments on my behalf, as are deemed necessary by a qualified medical practitioner. Medical information concerning my child the teacher should know:

Signed: _____ Date: ___/___/____
Parent / Guardian

Name of Parent/Guardian: _____

My phone number for the day in case I need to be contacted: _____

I wish to volunteer as a helper on the day **YES / NO** (please circle appropriate response)

Name of Parent/Guardian _____

Should your assistance be required staff will contact you, should you receive no response then your assistance has not been necessary at this time. We thank you for your offer.