

7 March 2019

Dear Parents/Caregivers

2019 Stage 2 Camp – Cockatoo Island

Arrangements have now been confirmed for our major excursion to Cockatoo Island. The trip will be a 2 days/1 night visit from **Tuesday 12 November – Wednesday 13 November 2019**. The camp will link directly with units studied this Semester in Human Society & It's Environment, Science and PD/H/PE.

The cost of the excursion will be **\$100** which includes meals (**except morning tea and lunch on the first day**), travel (on a seatbelt equipped coach), ferry transfers to and from the island, accommodation in tents at Cockatoo Island and the educational program we will attend on the island. The cost also includes GST on the meals provided during the excursion. The children will be required to bring morning tea and lunch for the first day.

Students will be required to be at school by 8.30am. The coach will depart at 8.45am sharp.

ITINERARY OUTLINE

Day 1- 12 November – arrival at Cockatoo Island via bus/ferry.

- Convict educational program
- Structured games and activities
- BBQ dinner
- Movie in the convict cinema room

Day 2- 13 November breakfast by the harbour

- Exploration of the island
- Treasure hunt on the Island
- Arrival back at school via ferry/ bus

The excursion is **OPEN** to all Year 3 and 4 students. **A deposit of \$50 is due no later than Friday 5 April 2019.**

The remaining balance of **\$50.00** will be due **NO LATER** than **20 September 2019.**

Payment may be paid as:

- **Cash (in the sealed envelope attached and placed in one of the black payment boxes in the front office).**
- **Online – by accessing the Parent Online Payment button on the school's web page: www.riverstone-p.schools.nsw.edu.au.**
- **Eftpos at the front office.**

PAYMENT ARRANGEMENTS.

Completion of payments –

1st INSTALMENT:	\$50.00 by FRIDAY 5 April 2019
2nd INSTALMENT:	\$25.00 by FRIDAY 14 June 2019
3rd INSTALMENT:	\$25.00 by FRIDAY 20 September 2019

The number of students attending will determine the total cost of the camp. If our final numbers are too low the cost of the excursion may need to increase. We will notify you as soon as possible if there needs to be a change to the total cost of the excursion.

Payments may be made by instalments on the dates indicated. Money should be placed in an envelope that is clearly marked with your child's name and class. We have attached tear-off slips to accompany each payment.

Please return the attached medical history note, permission slip and \$50.00 deposit by

Friday 5 April, 2019

If your child will not be attending this excursion, please complete the attached slip and return to your child's class teacher to assist us with confirming prices.

Further information regarding itinerary and necessary items for the trip will follow at a later date.



Christine Calder
Acting Principal



Erin Plummer
Assistant Principal



YEAR 3/4 CAMP- COCKATOO ISLAND

Tuesday 12 November – Wednesday 13 November 2019 I hereby notify my child

..... of class

WILL NOT be participating in the Year 3/4 Cockatoo Island Camp due to

.....

.....

I would like to discuss this excursion further with the Principal/classroom teacher.

Signature of Parent / Caregiver:..... Date:

✂.....

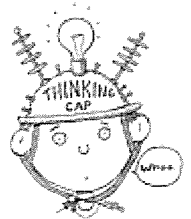
YEAR 3/4 CAMP- COCKATOO ISLAND

Tuesday 12 November – Wednesday 13 November 2019

I hereby consent to my son/daughter.....Class,
participating in the 2 day/1 night Cockatoo Island Camp from Tuesday 12 November –
Wednesday 13 November 2019 as approved by the Principal. I understand the students will be
travelling to and from Cockatoo Island by coach and ferry.

Enclosed is a deposit of \$50.00

Full payment of \$100.00



Signature of Parent / Caregiver:..... Date:

ONLINE PAYMENT RECEIPT NUMBER: _____

Student Medical & Consent Form

Name of Student:		
Address:		
Age:	D.O.B: / /	Male / Female
Emergency Contact: Name:		
Phone:	(hm)	(wk) (mob)
Medicare Number:	No. on Card:	
Doctor's Name:		Phone:
Does your child suffer from: any chronic injury or illness? Y / N: _____ (details)		
: Asthma ? Y / N : Triggers: _____ (details)		
Is your child anaphylactic? Have you provided a medical plan to the school? Yes / No		
Does your child have any allergies ? (eg drugs, food, plants) Y / N: _____ (details)		
Does your child suffer from: Heart Problems ? Y / N: _____ (details)		
: Blood Pressure ? Y / N: _____ (details)		
Does your child have any emotional / behavioural disorders ? Y / N Phobias ? Y / N		
If yes please specify:		
Does your child require medication ? Y / N May we administer Paracetamol if required? Y / N		
Has your child been ill or required medical attention in the last four (4) weeks? Y / N If yes please specify:		
If your child has seen a doctor in the last four weeks please attach a medical certificate consenting to their attendance.		
Date of last tetanus injection: _____ (if your child's tetanus is not current please see your doctor)		
Does your child: Wet the Bed ? Y / N Sleepwalk ? Y / N Suffer travel sickness? Y / N		
Special Dietary Requirements? Yes / No		
Please list:		
Any other concerns:		

PARENT or GUARDIAN CONSENT

I consent to my child/ward attending camp.

Signature of Parent / Guardian

Full Name of Parent / Guardian

Date