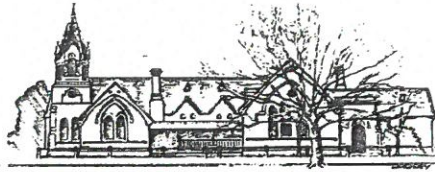


Orange Public School

"Deeds Not Words"

Primary Site

78 Kite Street
ORANGE NSW 2800
Phone: 02 6362 6369
Fax: 02 6361 7923



Infants Site

Torpy Street
ORANGE NSW 2800
Phone: 02 6362 1992
Fax: 02 6361 8496

YEAR 5 - TEN PIN BOWLING

Dear Parent/Caregiver,

Year 5 students will be attending Orange Ten-Pin Bowling on Friday 14th December, 2018 for their end of year excursion.

Date	Friday 14 th December	Transportation	OBL Bus
Departure Time	9.20am	Finishing time	12pm
Students are to wear	Full sports uniform	Students are to bring	Hat and water bottle
Cost	\$16.00 - Payment due by Wednesday 12th December, 2018 Money cannot be accepted after closing date.		
Emergency number	0467 724 207		

Year 5 teachers will be accompanying the students on the excursion. All staff attending have CPR training and emergency care training.

Participation in this excursion is dependent upon your child's ability to adhere to the Discipline and Behaviour Policy of the School. If your child is unable to meet these criteria they may be excluded from participating in the excursion.

Bradley Tom
Principal
6th November, 2018

Jacqui Taylor
Co-ordinator

PERMISSION NOTE FOR YEAR 5 - TEN PIN BOWLING

Please return to Class teacher by Wednesday 12th December, 2018

**** No money can be accepted after the closing date ****

I give permission for.....of Class.....to attend the Orange Ten Pin Bowling excursion on Friday 14th December, 2018.

I understand that my child will be travelling by bus to and from Ten Pin Bowling accompanied by teachers.

I give permission for my child to receive medical treatment in case of emergency.

I have enclosed \$16 for 2 games of bowling and the bus fare.

Signed: Date:
(Parent/Carer)

PLEASE COMPLETE THE MEDICAL FORM ON THE REVERSE SIDE OF THIS NOTE.

Privacy notice

Note: A Privacy notice must appear on all forms issued by the Department used for collecting personal information. A sample *Privacy advice* notice is below for use with consent forms. Principals will need to fill in the blanks to make this relevant to each particular excursion. A Privacy notice will also need to be included on any electronic personal information data collection system.

For further information on privacy and the *Privacy and Personal Information Protection Act 1998* please see <https://detwww.det.nsw.edu.au/lists/directoratesaz/legalservices/ls/privacy/index.htm>

Medical Information Form

The information provided is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about the above named student, who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Orange Public School.

It will be used by officers of the NSW Department of Education and Training to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

MEDICAL FORM

Student name:		D.O.B	
Medicare number		Class:	
Parent/caregiver contact details on the day of the Excursion			
Name:		
Address:		
Home phone:	Work:	Mobile:	
Doctor contact details			
Name:	Doctor's telephone:	
Emergency contact(s) details (nominated by the parent/caregiver as alternate contact on the day of the Excursion.			
1. Name:		Phone:	
2. Name:		Phone:	