29 March 2011

Dear Parent/Carer

EXCURSION

TO:  
Perth Zoo

TIME:  
8.45 am To 2.45 pm

DATE:  
4 April 2011

YEAR:  
11/12

GROUP:  
Biology students

TEACHER-IN-CHARGE  
Mr Graham Johnson

COST:  
$ 15.00  (Fifteen Dollars)

This external activity has been planned to assist your child’s understanding on specific aspects of the Biological Sciences course. The Zoo activity is to look at Classification of Organisms. Classification is one Module of work within the Stage 2 course.

Please sign the slip below and return to the teacher below. Please find attached a Payment Option Form for the payment of this excursion. Payment must be made by WEDNESDAY 30TH MARCH 2011.

Yours sincerely

Mr Graham Johnson

(To be taken on the excursion by the teacher)

I give permission for ……………………………..to attend the planned excursion detailed above.

Is there any medication that your child will need to take whilst on the excursion? (Please specify)

Does your child have any medical condition that staff need to be aware of? (Please specify)

Emergency Contact Phone Number:  ..............................................................................................

Mode of Transport:  Self Driven Bus

Special Conditions:  Hat recommended but be prepared for wet weather

I give my permission in an emergency situation for the teacher in charge to take whatever steps are necessary, including ambulance hire and presenting my child for medical assessment or treatment if I or my designated emergency contact person is unavailable.

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child’s personal property that may occur during the course of the excursion.

_____________________________________________   _______________
Parent/Carer Signature       Date
PAYMENT METHODS

- Cash or EFTPOS
- Cheque or Money Order (please make payable to *Warwick Senior High School*, please write your child’s name on the back)
- Credit Card (may be made in person or by telephone)
- Electronic Transfer (Internet Banking) or Direct Debit through your bank – account details as follows:

  Account Name: Warwick Senior High School  
  BSB: 306 074  
  ACCOUNT No: 419 704 8  
  REFERENCE: Student’s name, subject & reason

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PAYMENT SLIP

Student’s Name: __________________________________  Year: _____________  
Reason for Payment: _____________________________________________________

Please Debit:  MASTERCARD  VISA  OTHER – SPECIFY

Card  
No:  

Expiry Date:  
(mm/yy)  
Amount: $ _________________  CCV:  

Name on Card: ____________________________ Signature: ____________________

Cash Register Receipt No: ___________________ Date: ________________________