

Torrens Primary School Ritchie Street TORRENS A.C.T. 2607 6142 0777 admin@torrensps.act.edu.au www.torrensps.act.edu.au



Excursion Information: 2024 Kindy Excursion to Questacon

Anticipated group size: 6 TPS staff; 55 students Staff/Student ratio: 1:10

When: Tuesday 25th June 2024

10:00-2:00

Transport: A CDC charter bus - leaving Beasley Street at 10.00am sharp; leaving the Questacon

at 2:00pm **Cost:** \$ 25

The school has made every effort to keep cost for this excursion at a minimum level. If necessary, parents or carers can confidentially discuss support to meet the cost of the excursion with the Principal. Please contact the front office if you would like to speak with the Principal.

Did you know you can make a donation to our P&C towards meeting the cost of excursions, camps, and activities for another family at school? If you would like to do this, you can email the P&C directly on torrenspnc@amail.com.

Payment and permission forms due: Friday 21st June 2024 (Week 8)

Purpose of excursion: Kindy students will attend this excursion as an enriched experience relating to their science unit about properties of materials and how things move.

Activities: The excursion is a day full of fun activities. The students will move around Questacon participating in activities in each room with teachers and other supervising adults. We are also hoping to see a show while we are there.

Contingency (e.g., in case of wet weather): The excursion will go ahead in rain.

What to pack, bring, wear: Students must wear full school uniform (including hat) and bring a water bottle, recess, and lunch. Please do not send your child with any money.

Staff who will be in attendance: The Kindy teaching team — Sarah Ciuffetelli, Trish Bond, Jen Kerrigan, Executive teacher Katie King and additional support staff.

Behavioural expectations: Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

Parents should be aware that staff are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful, or disobedient behaviour.

Excursion Risk Assessment: Available to view at Front Office.

If you have any questions regarding this excursion, please contact your class teacher. Please return attached completed forms and make payment by the due date shown above.

Kind regards,

The Kindergarten Teaching Team



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Excursion Permission: 2024 Kindy Excursion to Questacon

	I give permission for my child (name) of (class)						
		to attend the Kindy excursion to the Questacon in Canberra on Tuesday 25 th June 2024, travelling by bus and in accordance with all other details outlined in the information note					
	recei	received.					
	I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this						
	is auth	e that my child will be under the auth orised to return my child to school o ction. I give permission for my child t	r home at mỳ expense	if the school considers	that circumstar	ices warrant	
	Tick (v) or Cross (x) and complete all that apply:						
		I have lodged a 2024 Medical Information and Consent Form for my child with the school.					
		My child's medical information has changed since completing the 2024 Medical Information and Consent					
	Form. Please update this with the Front Office <i>prior to</i> the excursion.						
		\square My child requires medication to be administered during the excursion (e.g. antibiotics, pain relief). Pl					
	complete a Medication Authorisation and Administration Record (available from the Front Office of download from the website) and provide medication to the first aid officer via the front office of						
	morning of the excursion. Note, medication you have already lodged with the school as par					of a Known	
		Medical Condition will go with the first aid officer on the excursion.					
		In case of an emergency during the excursion:					
		Your Name (print): Daytime phone number:					
Medio	care No:		Private Health Fund No:	es.	lembership		
Ambu	lance Fun	d: NOTE, Parents are responsible fo	r ambulance costs out	side the ACT.			
	Parent	/Carer name:	Signati	ıre:	Date: _ /_	/ _{veen}	
	N. A. S.	Payment details - Total Cost: \$25					
	□ On-	☐ On-line (www.torrensps.act.edu.au/payment) Receipt #, or ☐ EFTPOS/_/_					
	If you fill i This inform not conse information	If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU). This information is necessary for us to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to					

appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.