

"The place to be educated for the future"

Excursion Name: C.A.R.E.S Road Safety Centr	e, St Ives	Excursion Date:	22 & 23/05/20 1	19
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Dear Parents and Carers,

C.A.R.E.S offers a unique learning environment for students to learn about road and bicycle safety. This is an interactive and fun way of learning about the serious nature of road safety using a mini road environment complete with working traffic signals, roundabouts and pedestrian crossings.

Date:	Wednesday, 22 nd May 2019 & Thursday, 23 rd May 2019		
Venue:	C.A.R.E.S. Road Safety Centre, St Ives		
Travel Arrangements:	Bus from school to venue and return		
Departure Time:	Arrive at school before 8:45am, the bus(es) will depart at 9.00am sharp. Wednesday, 22/05/2019 – 5C to attend		
	Thursday, 23/05/2019 – 5F to attend and Year 5 students of 5/6K to attend.		
Return Time:	2:55pm ** Parents will be advised by the School App if students will be late.		
Uniform:	Sports Uniform, hat and covered footwear, such as runners		
Requirements:	Bike helmet Hat and sunscreen Manners!		
	Day Pack/school bag		
Meals:	Morning tea and lunch including water – there are no shops nearby		
Cost:	\$14.00 – due by 15/05/2019.		
	Preferred payment method is POP (Parent Online Payment – see School Website) otherwise, please send a cheque or cash in a clearly marked envelope, forwarded to the office.		

To assist in our organisation, we ask that you read the accompanying permission note carefully and complete all relevant sections, returning the permission note to the class teacher by 15/05/2019.

All teachers on the excursion are emergency care and CPR trained.

Corinne Cartman Teacher	Carrie Robertson Principal		



EVENT PERMISSION FORM & PAYMENT DETAILS

Payment and permission form due no later than 15/05/2019

Excursion: C.A.R.E.S Road Safety Centre	<u>Date</u> :	22 & 23/05/2019
Student Name:	Class:	
Amount: \$14.00		
We recommend payment by Parent Online Payment ('Make a Payment' button	POP) refer to the school we	ebsite and click on the
 Upon signing, I agree to the following: Contact details and medical information held by the I will notify the school in writing of any changes in I am aware of all excursion travel arrangements, to 	contact details and/or medi	
l,		
child, named above, to attend		
Signed:	Date:	_
Parent/Carer contact number on the day:		
I would like the following medication information know	n:	
☐ Parent Online Payment – Date: / /2019 ☐ Cash (correct amount please)	Receipt # ☐ Cheque (<i>made payabl</i>	e to Warrawee Public Scho

Credit card payments can no longer be accepted in the written form due to security risks. It is now compulsory for all Australian businesses to be compliant with compliance with Payment Card Industry Data Security Standards (PCI-DSS).

