



Sacred Heart Central School

Faith & Knowledge

Event	Archdiocesan Athletics Carnival
Date of Event	29/8/17
Fees payable	\$15 Nomination fees
Venue	AIS Athletics Track, Bruce ACT
Venue Address	Leverrier St, Bruce ACT
Time of departure	6:30am
Time events commence	9:00am
Time students are expected at the venue	8:30am
Students to meet	Sutton Street Bus shelter
Transport	Private Transport
Uniform	Full Sacred Heart Sports uniform
School to provide	First Aid
Students to bring	Water bottle, own lunch or money to buy lunch
Canteen available	Yes
Teachers attending	Mrs Patrece Maxwell
Special instructions	We are looking to parents to assist with transport. If you are able to take other students with you that would be greatly appreciated. Your child's nominated events are attached.
Expected event finish time	3:00pm
Return to school	5:30pm

**Permission slip and money to be paid to the front office by Friday 18th August 2017.
Failure to return by the due date may mean that students cannot attend the event.**

Mrs Patrece Maxwell
Sports Coordinator

Mrs Janet Cartwright
Principal



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PLEASE RETURN THIS PAGE with any required money to the Front Office in a blue payment envelope by *Friday 18th August 2017*

CONSENT FORM

As a parent/guardian of _____ Class _____, I give my consent for him/her to participate in Secondary **Archdiocesan Athletics carnival 29th August 2017** and agree to delegate my authority to the staff and instructors involved. I understand that teachers will take whatever disciplinary action is needed to ensure students' safety and the orderly conduct of the excursion. If the above student must be returned to the school due to inappropriate behaviour I will meet the cost of transport.

I authorise teachers to seek medical attention if needed while on excursion and agree to pay any medical expenses incurred on behalf of the above student.

Signed: _____ Parent/Guardian

STUDENT COMMITMENT

I agree to meet the expectations of this excursion and to follow the instructions of the teachers. I will be of good behaviour throughout the excursion.

Signed: _____
Student

Travel Arrangements

My Child's Name _____

My child will need transport arranged for them YES NO

I _____ (name) can provide transport to the **Archdiocesan Athletics carnival 29th August 2017**

My current driver's licence number is _____
(**Learner and provisional drivers are not permitted to transport students.**)

My current vehicle has the following number of lap/sash seat belts available _____
(**Do not count front seat if vehicle is fitted with an air bag if student is under 12 years.**)

I have comprehensive insurance YES NO
(Must have comprehensive car insurance.)

I have submitted to the front office my Working with Children Check. YES NO

Signed: _____
Parent/Guardian