

DISTRICT CROSS COUNTRY CARNIVAL

Friday 18th May, 2018

Dear Parents/Guardians,

Your child _____ Year _____, has been selected to represent Hallam Primary School at the Endeavour Hills District - Section 1 Cross Country Carnival on **Friday 18th May, 2018**. This event will be held at Maranatha Christian School - Officer Campus (62 Rix Road, Officer - Melways ref. X907 J10) from approx. 9:30am until 1:00pm.

Students will be travelling by bus (seat-belted) to and from this event.

The cost for this event will be \$10

Your child will need to bring snack, lunch, drinks and appropriate clothing for the day. Please include a warm coat and a plastic bag (or similar) to sit on as the ground can be damp.

Please complete the payment and permission form (below and next page) and return it to school with the money by 9.30am on Thursday 10th May, 2018. Students who have not paid by this date will have their place in the Carnival offered to emergency students, who will have until 9:30am on Tuesday 15th May, 2018 to pay.

Students who suffer from asthma must bring their medication

Rob Coxon
Physical Education Teacher

Julie Macfarlane
Principal

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CROSS COUNTRY CARNIVAL 2018 - Maranatha Christian School (Officer)

PAYMENT DETAILS

COST: \$10

Child's Name _____

Class _____

Cash CSEF Visa MasterCard
(Minimum transaction \$10.00)

Card No:

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Expiry Date: _____ / _____

CCV No. _____
(Last Three digit number on back of card)

Cardholders Name: _____

Cardholders Signature: _____

If paying for more than 1 student please list **ALL** students' names and year level

_____	_____
_____	_____
_____	_____

HALLAM PRIMARY SCHOOL EXCURSION FORM

BUS

PARENT COPY

Dear Parent/Guardian,

The following details refer to an excursion in which your son/daughter is being asked to participate.

Activity: **DISTRICT CROSS COUNTRY (YEARS 3 – 6)**

Date: **Friday 18th May**

Venue: **Maranatha Christian School - Officer Campus (62 Rix Road, Officer) Mel. X907 J10**

Cost: **\$10**

Mode/s of Travel: **BUS – SEAT BELTED**

Point of Assembly: **HALLAM PS, (HALL) Depart: 9:05AM Arrives: 1:30PM**

Point of Dismissal: **Classroom**

FULL SCHOOL UNIFORM MUST BE WORN

Signature of Teacher in Charge: **R.COXON**

Date: **25/04/2018**

Please sign forms below and return immediately to the Teacher In Charge.

Where withdrawal from the excursion incurs a cost to the school, no refund will be available.

EXCURSION – BUS: Seat Belted

EXCURSION COPY (RETURN TO SCHOOL)

I give permission for my son/daughter _____ of _____ to attend the **DISTRICT CROSS COUNTRY (YEARS 3 – 6) at Maranatha Christian School on Friday 18th May, 2018.**

I authorize the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child's receiving such medical or surgical treatment as deemed necessary.

EMERGENCY CONTACTS:

NAME: _____ PHONE: _____

or NAME: _____ PHONE: _____

Doctor's Name and phone number: _____

Details of allergies or any other medical information which may need to be known in an emergency:

Ambulance Fund YES / NO Signed: Parent/Guardian: _____ Date ___/___/___

EXCURSION – BUS: Seat Belted

EXCURSION COPY (OFFICE COPY)

I give permission for my son/daughter _____ of _____ to attend the **DISTRICT CROSS COUNTRY (YEARS 3 – 6) at Maranatha Christian School on Friday 18th May, 2018.**

I authorize the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as deemed necessary.

EMERGENCY CONTACTS:

NAME: _____ PHONE: _____

or NAME: _____ PHONE: _____

Doctor's Name and phone number: _____

Details of allergies or any other medical information which may need to be known in an emergency:

Ambulance Fund YES / NO Signed: Parent/Guardian: _____ Date ___/___/___

BOTH SECTIONS MUST BE COMPLETED, SIGNED AND RETURNED