



# Beaudesert State High School

## Excursion Information for Parents/Guardians

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Dear Parent/Guardian

This is to advise you that our school is planning an educational activity. The details are as follows.

Activity title:	Commedia workshop - Homunculus Theatre Company (HTC)	
Purpose of the activity:	Workshop to prepare for assessment	
Name of teacher coordinating:	Phoebe Huttunen	
Subject areas involved:	Drama	Year level/s 9, 10, 11
Itinerary:	STUDENTS undertake workshop with industry professionals, to prepare for drama assessment.	
Date of departure:	05/10/2017	Time of Departure: 11.00am in PA01
Mode of transport:	N/A	
Date of return:	05/10/2017	Time of Return: Workshop to finish at 12:10pm
Cost per student:	\$12.00	Payment due: Monday 28 <sup>th</sup> August
Reference Code:	MIS code + htc = cdona76htc	
Meal Arrangements	X Students to bring own food OR X Food to be purchased	
Student Dress	SPORT UNIFORM - you will be moving around	
Excursion	<input checked="" type="checkbox"/> Compulsory <input type="checkbox"/> Optional	

Please note the above details and retain for your information. Please return the Parent Consent form and payment to the office by 28/08/2017

\_\_\_\_\_  
Phoebe Huttunen

\_\_\_\_\_  
Alan Smith, Principal



# Beaudesert State High School Consent Form

*THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM*

**Excursion Name:** Commedia Workshop

If you would like your child to attend please return this form with Payment Options Form and Payment (where applicable) to the finance window before school or at morning tea by 28/08/17

**NB Finance closed Wednesday.**

<b>Student's Name:</b>	
<b>Form Class:</b>	
Is there any medical or psychological reason to prevent your child from participating in any of the activities outlined in this Information Sheet? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Medicare Number (MUST BE COMPLETED)</b>	_____

MEDICAL	YES/NO		PLEASE PROVIDE DETAILS
Current Tetanus Vaccination (within 10 yrs)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Heart Problems	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Respiratory Problems - eg - Asthma	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Allergies	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Travel Sickness	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Blood Pressure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Operations	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Epilepsy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Recent Illness	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Medication Required	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Drug Reaction - eg - Penicillin Allergy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Other – eg - Phobias etc.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Bed-wetting	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>Emergency Contact:</b>	<b>Name:</b>		<b>Address:</b>
<b>Home Phone No.</b>			<b>Emergency Phone No:</b>

As parent/caregiver of ..... I, .....  
give my consent for him/her to participate in ..... and agree to delegate my authority to the teachers involved.

Such teachers may take whatever disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the students as a group, or individually, in the abovementioned activity. An Activity Risk Assessment for this activity has been undertaken.

I also authorise the teachers to obtain medical assistance, which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

I submit the following medical information about the above student and include details of limitations, which he/she has for the activity concerned.

I acknowledge that the Department of Education, Training and the Arts does not have personal accident insurance cover for students.

Signed:.....(Parent/Caregiver)

Date: .....

# BEAUDESERT STATE HIGH SCHOOL PAYMENT OPTIONS

## PAYING BY INTERNET BANKING: ONLY AVIALABLE FOR AMOUNTS OVER \$10

- Bank Account Name: Beaudesert State High School General A/C
- BSB Number: 064-400 (CBA Branch Beaudesert)
- Account Number: 00090023
- Reference/Details: Please record both "**Student No (on Student ID card) AND Reference Code**" in the reference/details section so that your payment can be recorded correctly. **If insufficient details are supplied, payments will be applied to the oldest debt for that Family/Customer.**

## PAYING BY PHONE: Payment by Credit Card ONLY

- Call the school on 07 5542 9111, Monday, Tuesday, Thursday & Friday between 8:00am and 12:00 noon
- Please have the account and your credit card details with you when you call.
- VISA and MasterCard accepted.

## PAYING BY MAIL: Payment by Credit Card, Cheque or Money Order

- Credit Card details completed on the Payment Advice below.
- Cheques and Money Orders made payable to Beaudesert SHS and returned with completed Payment Advice below.
- Post to Beaudesert State High School, PO Box 104, Beaudesert Qld 4285

## PAYING IN PERSON: Payment by Credit Card, EFTPOS, Cash, Cheque or Money Order

- Payment can be made at the cashier's office on Monday, Tuesday, Thursday & Friday between 8:00am and 12:00 noon.
- Credit Card and Debit Cards (EFTPOS), Cash, Cheques and Money Orders are accepted.
- We do NOT accept American Express or Diners Cards



## PAYMENT ADVICE

The section below is destroyed after processing of the bank reconciliation which contains this payment  
We cannot hold details for future payments

STUDENT'S NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_ REFERENCE CODE: \_\_\_\_\_ DATE: \_\_\_\_\_

PAYMENT TYPE:  CASH  EFTPOS  INTERNET  CHEQUE  CREDIT CARD

CARD TYPE:  VISA  MASTERCARD

CREDIT CARD NUMBER: 

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(Please ensure that all sixteen numbers are entered)

EXPIRY DATE: 

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CARDHOLDERS NAME (as it appear on card) : \_\_\_\_\_

<b>Please return to:</b>	<b>Beaudesert State High School</b> <b>PO Box 104, Beaudesert Qld 4285</b> <b>Phone: 07 5542 9111 Fax: 07 5542 9100</b>
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