



Beaudesert State High School Incursion Information for Parents/Guardians

Dear Parent/Guardian

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

Activity title:	Live Performance - Hoods	
Purpose of the activity:	STUDENTS EXPERIENCE LIVE PLAY, write assessment	
Name of teacher coordinating:	Phoebe Huttunen	
Subject areas involved:	Drama	Year level/s 7, 8, 9, 10, 11 & 12
Itinerary:	Watch live performance in Performing Arts (PA01)	
Date of incursion:	27/10/2017	Time of Departure: 9.00am in PA01
Cost per student:	\$9.00	Payment due: Friday 20 th October
Reference Code:	MIS code + hoods = cdona76hoods	
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.

Phoebe Huttunen

Alan Smith, Principal

THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM

Excursion Name: Live Performance- Hoods

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 20th October 2017.

NB Finance closed Wednesday.

As parent/caregiver ofI,
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) : _____

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