



Beaudesert State High School

Excursion 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:	Japan Film Festival 2017, Brisbane	
Purpose of the activity:	The purpose of this excursion is to learn about Japanese culture and tradition by watching the 2016 Japanese film ' <i>Chihayafuru</i> . <i>Chihayafuru</i> is an exciting film filled with dreams, friendship and determination featuring ' <i>karuta</i> ' (a traditional Japanese card game based on classic poetry.)	
Venue:	BRISBANE CITY MYER CENTRE - EVENT CINEMAS	
Name of teacher coordinating:	Miss Mai Ueda	
Subject areas involved:	Japanese	
Itinerary:	Leave school at 8:25am, arriving in Brisbane at 9:30 am. The movie begins at 9:45am, ending at 12:45 pm. Enjoy authentic Obento lunch in the park, leaving Brisbane at 1:55 pm and returning to school by 3:00pm	
Date of departure:	27/10/2017	Time of Departure: 8:25 am SHARP
Mode of transport:	Bus	
Date of return:	27/10/2017	Time of Return: 3:00 pm
Point of return:	Beaudesert State High School bus turnaround	
Cost per student:	\$31 (includes movie ticket, bus fee & Obento lunch)	Payment DUE: Tuesday 17 th October (no late payments accepted)
Reference Code:	JAPAN FILM (See attached form for payment options - this excursion is open to all students studying Japanese. The total number of students permitted on this excursion is 35 students; positions will be filled on a 'first-in' basis. If paying via internet banking, the student MUST bring the receipt to the cashier the NEXT school day.)	
Activities involved:	Watching a Japanese film and eating Japanese Obento lunch	
Meal Arrangements	<input checked="" type="checkbox"/> Lunch provided (the candy bar will NOT be open - students are encouraged to bring a pre-purchased snack from home).	
Student Dress	Students are required to wear their school uniform.	
Students need to bring:	Water bottle, movie snacks, hat/umbrella & sunscreen.	

Please note the above details and retain for your information. Please return the Parent Consent form by 16 October.

Mai Ueda
Japanese Teacher

Helen Philp
HOD of LOTE

Alan Smith
Principal



Beaudesert State High School Consent Form

THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM

Excursion Name: JAPAN FILM FESTIVAL

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 **Monday 16th October**
NB Finance closed Wednesday.

Student's Name:		Birth Date:	
Form Class:		Student Number:	
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			
Medicare Number (MUST BE COMPLETED)	_____		

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	
Emergency Contact:	Name:	Address:
Home Phone No.		Emergency Phone No:

I give my consent for my son/daughter to travel to and participate in Japan Film Festival 2017 and agree to delegate my authority to the teacher/s 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 above mentioned activity.

I 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 medical practitioners to administer anaesthetic if such an eventuality arises.

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

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

I acknowledge that my child must attend school prior to 8.25am on Friday 27/10/17 in order to participate in this activity.

Signed: _____

(parent/guardian)

Date: _____

BEAUDESERT STATE HIGH SCHOOL PAYMENT OPTIONS

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

If paying via internet banking, the student **MUST** bring the receipt to the cashier the **NEXT** school day. This is because we can only take 35 students, therefore the first 35 students that have paid will get to attend.

- 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 & 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