



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:	Year 11 & 12 Hospitality Studies/Hospitality Excursion - Star Casino	
Purpose of the activity:	The purpose of this excursion is to give students an insight into the hospitality industry and the many career options it offers.	
Venue:	Star Hotel & Casino - Broadbeach	
Name of teacher coordinating:	Mrs Ann Kuiper	
Subject areas involved:	Hospitality Studies/Hospitality	Year level/s 11/12
Itinerary:	Tour of Star Casino followed by lunch in one of the restaurants.	
Date of departure:	4/10/2017	Time of Departure: 9.00 am
Mode of transport:	Bus	
Date of return:	4/10/2016	Time of Return: 3PM
Point of return:	Beaudesert State High School	
Cost per student:	\$35.00	Payment due: Monday 11th September 2017 Late payments will not be accepted
Reference Code:	STAR17 (See attached form for payment options - This excursion is not compulsory however, will be very beneficial for Hospitality Studies students. The 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:	Tour of venue, lunch	
Meal Arrangements	<input checked="" type="checkbox"/> Morning tea to be bought from home <input checked="" type="checkbox"/> Lunch provided	
Student Dress	Full school uniform to be worn (formal preferred)	
Excursion	There are only 25 positions available for Hospitality Studies and Hospitality students so it will be on a first in basis.	
Students need to bring:	Pen & paper	

Please note the above details and retain for your information. Please return the Parent Consent form by 11th September.

Mrs Ann Kuiper
Teacher in Charge

Date of issue

Alan Smith, Principal



Beaudesert State High School Consent Form

THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM

Excursion Name: Star Hotel & Casino

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 11 September**.
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 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.

Signed: _____ (parent/guardian) Dated: _____

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 48 students, therefore the first 48 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 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

