



21 June 2024

Dear parents and carers,

**YEAR 3 BIRRIGAI OUTDOOR SCHOOL LONG DAY EXCURSION**

The following details relate to a long day educational excursion to Birrigai Outdoor School which is being organised for students in year 3.

<b>Purpose:</b>	<p>Year 3 students will visit Birrigai Outdoor School to participate in two programs during our Long Day Excursion. The chosen programs link many aspects of the Australian Curriculum including Literacy, Numeracy and HASS with a focus on Cultural Awareness, Resilience and Fostering new friendships.</p> <p><b>Program 1: Scavenger Hunt Challenge Campfires.</b></p> <p>Promotes teamwork, problem solving and navigation skills as well as learning about campfire safety and use. Students work in small groups to decipher clues and read a map to find all the resources they need to build, light and cook damper twists on a campfire.</p> <p><b>Program 2: Adventure Bushwalk.</b></p> <p>While completing one of the many bushwalk adventure challenges within the facility, children will experience the wonders of the bush to crawl, scramble and squeeze through natural landscape, learning about connection, empathy and obligation to others and the land. Birrigai bushwalks challenge students beyond their comfort zones to achieve personal and social self-discovery, wonder and inquiry with enjoyment, engagement and laughter.</p>
<b>Day/Date:</b>	Friday 2 August 2024
<b>Timetable:</b>	<p><b>Departing</b> Chapman Primary School at 9:15 am</p> <p><b>Returning</b> to Chapman Primary School by 5:20 pm</p>
<b>Venue:</b>	Birrigai Outdoor School, 164 Tidbinbilla Road, Tharwa
<b>Transport:</b>	Bus
<b>Cost:</b>	\$85.00
<b>Full Payment and Permission due by</b>	<p><b>Chapman Primary School Permission Form and Birrigai Allergy and Food Restriction form</b> must be returned to the school by <b>Wednesday 3 July 2024</b>.</p> <p><i>We understand this is short notice therefore we are asking for permission and Birrigai Allergen forms be returned as a priority.</i></p> <p><b>Please note the Suggested payment plan below for payment dates.</b></p>

The school has made every effort to keep cost for this excursion to a minimal level. If necessary, parents or students can confidentially discuss support to meet the cost of the excursion with the Principal. Please contact the front office if you would like to speak with the Principal.

Suggested Payment Plan		
Payment	Cost	Due Date
Deposit	\$40.00	Friday 5 July 2024
Final Payment	\$45.00	Thursday 25 July 2024

<b>Group size</b>	78	<b>Ratio:</b>	<b>1:12</b>
<b>Teacher in charge:</b>	Amy Jager		
<b>Accompanying Staff</b>	Amy Jager, Jane Mahar, Charlotte Felgate, Sharon Smith, Jen Puleston, Leonie Jenvey and Riley Bacon.		
<b>Meals</b>	<p>A healthy and nutritious lunch, morning and afternoon tea will be provided by the Birrigai qualified catering team. Special dietary requirements for medical conditions, religious beliefs and lifestyle choices such as vegetarians or vegans can be catered for. Please complete the Dietary Requirements portion on the attached permission form and the Birrigai Allergen and Food Restrictions Form if required.</p> <p>No other food should be provided by families for this excursion including snacks such as confectionery, chips and lollies.</p> <p>Students must bring their own water bottle.</p>		
<b>What to bring</b>	<p>Water bottle, sunsmart hat, sunscreen, jumper and warm /waterproof jacket.</p> <p>Students will be responsible for their own property. Please pack required belongings in a small day pack or carry bag. Please ensure you label all items clearly with your child's name.</p>		
<b>What to wear</b>	<p>Active wear suitable for a day in the outdoors. Sturdy covered shoes. No gumboots please.</p> <p>As children will be active and the weather likely to change throughout the day it is best to dress children in multiple layers that can be easily removed and put back on as the day progresses. Please label all items clearly with your child's name.</p>		
<b>Student Medical Requirements</b>	<p>All student medications and accompanying paperwork held at the school will be transported to this excursion.</p> <p>For students who take regular medication after school and prior to 5.20 pm may need to make arrangements for this to be administered by school staff.</p>		
<b>Excursion Risk Assessment:</b> Available to view at the front office			
<b>Emergency Contact for this excursion:</b> Chapman Primary School 02 6142 2400			
<b>Contingency:</b>	Should this excursion not proceed on the dates listed above, it will be rescheduled where possible or cancelled and a full refund will be offered.		
<b>Behavioural Expectations:</b>	Students are expected to demonstrate Chapman FRIENDS values and the PBL expectations of being safe, responsible and respectful.		

*Staff members accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.*

*Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff members have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, willful, or disobedient behaviour.*

For your child to attend, please return:

- **Attached permission and Birrigai Allergen and Food Restrictions form**, to your child's classroom teacher **by Wednesday 3 July 2024.**
- **Minimum deposit by Friday 5 July 2024**
- Full payment by Thursday 25 July 2024.

Yours faithfully

James M. Barnett  
Principal



**YEAR 3 BIRRIGAI OUTDOOR SCHOOL LONG DAY EXCURSION**

**Permission and Birrigai Allergen and Food Restrictions form must be returned to your child’s classroom teacher by Wednesday 3 July 2024.**

**Minimum Deposit to be made by Friday 5 July and final payment to be made by Thursday 25 July.**

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to attend the Birrigai Outdoor School Long Day Excursion, on Friday 2 August 2024 travelling by bus.

*I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion. I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.*

I have previously completed and returned the ACT Education Medical Information Consent Form for the current school year. *The Medical Information and consent form only needs to be completed once per calendar year prior to the first excursion unless there are changes to the details on this form.*

Are there any changes to the medical information previously provided for this school year? No  Yes   
If yes, an updated [Medical Information and Consent Form](#) is required to be completed (available through the front office).

Will your child require medication to be administered during the excursion? Yes  No

- **If yes**, is this medication and the accompanying plans held at the school? Yes  No   
**All medications held at the school will be transported to this excursion.**
- **If No**, please complete a [Medication Authorisation and Administration Record](#) and present this along with medication to the school front office prior to the departure date for this excursion. *Please contact the school front office on 6142 2400 for further information*

Is there any additional information you need to provide to support your child’s participation in this excursion?  
Yes  No  (If yes, please provide these details below.)

Please provide the following information:

Medicare No:		Private Health Fund:		Membership No:	
Ambulance fund: Parents are responsible for ambulance costs outside the ACT					

**Dietary Requirements**

- My child does not have special dietary requirements.
- My child has the following Dietary requirements due to food allergies, personal, cultural and/or religious reasons.

**Name of Parent/Carer (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will

not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to manage the excursion appropriately and effectively. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website ([www.det.act.gov.au](http://www.det.act.gov.au)) on the About Us page.

**Payment Code: YR3BIR**

**Chapman Primary School Payment form**  
**YEAR 3 BIRRIGAI OUTDOOR SCHOOL LONG DAY EXCURSION**

Child's name: \_\_\_\_\_ Class: \_\_\_\_\_

I have enclosed the full cost of \$85.00 for this excursion.

OR

I have enclosed \$40.00 (Deposit) for this excursion.

I understand the balance of \$45.00 will be made **by Thursday 25 July 2024.**

Suggested Payment Plan		
Payment	Cost	Due Date
Deposit	\$40.00	Friday 5 July 2024
Final Payment	\$45.00	Thursday 25 July 2024

Quickweb payment of \$\_\_\_\_\_ made on (date)\_\_\_\_\_ receipt number \_\_\_\_\_  
<https://www.chapmanps.act.edu.au/payment>

Enclosed is cash to the value of \$\_\_\_\_\_

Credit Card as per attached slip– add credit card slip.

*Please ensure Parent permission and Medical form are returned to your child's teacher.*

**Credit Card Payment Slip**

Amount: \$ \_\_\_\_\_

**Credit Card Facility** (Please tick which card applies)

Master Card  Visa Card

Card No.

Expiry Date: \_\_ \_\_ / \_\_ \_\_

Name on card: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**This information is securely disposed of when your payment has been processed.**