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21 March 2018

Dear Parents/Caregivers,

To complement the Year 2 History units in Semester One on changing technology over time and important historical sites, Year 2 are going on an excursion to the Beenleigh Historical Village.

Students will benefit from the hands-on experience of the guides and demonstrators who will bring the History of our local area to life. The Excursion will take place over two days **Wednesday 2 May for 2K and 2RG** and **Thursday 3 May for 2A, 2W and 2GS**. To achieve the best learning outcomes for our students we would like all students to engage in real life learning experiences at the village so that students will be inspired and have a better understanding of the concepts that will be covered throughout the history units.

On the day students will engage in a variety of engaging learning experiences and demonstrations including:

- Washing Demonstration - the tiring and time-consuming process of washing in days past
- Old Time Crosscut pull Sawing
- A One Teacher School featuring explicit teaching of classroom expectations in the past and experiencing the tools and equipment used by both students and teachers in years gone by.

After lunch we will continue on a self-guided tour of the village and museum, with items relating from the early period to current times.


The cost of the excursion will be \$18.00.

Activity Reference Code for Internet Banking: Yr2History

SCIENCE EXCELLENCE DAY

WHO	Year 2 Students
WHEN	<ul style="list-style-type: none"> • Wednesday 2 May for students in 2K and 2RG • Thursday 3 May for students in 2GS, 2W and 2A
TIMES	<ul style="list-style-type: none"> • Meet at the classroom at 8:45am for 9:00am departure. • Depart from Edens Landing State School at 9:00am • Return to Edens Landing State School at 2:30pm
WHERE	The Beenleigh Historical Village
TRANSPORT	Logan Coaches (Wednesday 2 May) Logan Coaches (Thursday 3 May)
WHAT TO BRING	Packed lunch in disposable wrapping, drink bottle, bag for all of your belongings. Please clearly name all belongings.
WHAT TO WEAR	Full school uniform, closed in shoes, wide brimmed hat
COST	\$18.00
ABSOLUTE LAST DAY FOR PAYMENT	By 10.30am on Friday 27 April 2018 Late payments will not be accepted *Please note we are trialing opening the Payments Window on Friday mornings.

PAYMENT OPTIONS:

 <p>*OUR PREFERRED METHOD*</p>	<p style="text-align: center;"><u>OVERPHONE or ONLINE CARD PAYMENT SYSTEM</u></p> <p style="text-align: center;">PHONE: 1300 631 073</p> <p>To access the QLD State School Card Payment System. Use the CRN and Invoice number located on your invoice.</p> <p style="text-align: center;">Or Visit https://www.bpoint.com.au/payments/dete</p> <p style="text-align: center;">Billor Code: 1002534 (Department Of Education And Training) CRN and Invoice number can be found on your invoice</p> <p>*Please note: Due to changes in departmental handling of credit card payments we are no longer able to take credit card payments over the phone at school*</p>
<p style="text-align: center;">DIRECT DEPOSIT/ INTERNET BANKING</p> <p>Please allow 3 days before last day for payment for direct payments to reach our account</p>	<p>School's Bank A/c Name Edens Landing State School</p> <p>BSB Number 064-401</p> <p>Account Number 10158334</p> <p>Activity Reference Code Student Initial & Surname + Yr2History</p>
<p style="text-align: center;">CASH/EFTPOS</p>	<p>OFFICE PAYMENTS WINDOW</p> <p>Wednesday: 8.15 – 10.30am CASH OR EFTPOS Friday: 8:15 – 10:30am CASH or EFTPOS</p> <p>*Please note we are trialing opening the Payments Window on Friday mornings.</p>
<p style="text-align: center;"><i>Only students who have paid in full by 10.30am on Friday 27 April, 2018 will be able to participate.</i></p> <p style="text-align: center;"><i>Late payments will not be accepted.</i></p>	

We are excited to offer your child/ren the opportunity to visit – The Beenleigh Historical Village.

Please note the following important information about the excursion.

- *This excursion will only take place if sufficient interest is indicated by the due date for payment. Payments will be refunded in full should the excursion not go ahead.*
- *Your child's attendance is dependent on their behaviour at school this term. Students considered high risk will not be permitted to attend the excursion, as we put the safety of our students above everything else.*
- *Only students who have paid in full by 10.30am on Friday 27 April will be able to participate.*
- *Students must wear full school uniform for safety reasons. Closed shoes are essential, as is a wide brimmed hat. Lunch as listed in 'What to Bring'*
- *A medical form must be completed and returned for each child attending.*
- *Classes will continue for those not attending the excursion.*
- *A medical certificate must be provided in order to claim a refund. A refund may or may not be granted. The cost of the bus is always non-refundable. If your child is excluded due to behavior issues no refund can be claimed.*



KEELY WELLS
Year 2



GAIL QUIGLEY
Principal



ANTHEA GRANT
Deputy Principal

_____ **Return to the office by Friday 27 April** _____

I hereby give permission for my child _____ in class _____
to be involved in the Beenleigh Historical Village excursion on Wednesday 2 May or Thursday 3 May 2018.

I acknowledge that late payments will not be accepted.

- I enclose payment with this form
- I have paid via direct deposit and my confirmation receipt number is: _____
- I enclose the completed medical form

Parent name: _____ Signed: _____ Date: / /

Insurance disclaimer: Please be aware that when involved in activities there is an inherent risk of physical injuries occurring. Injuries may occur without any negligence on the part of the school and in such circumstances the responsibility for the injury and any associated costs will rest with you, not the school. Please take this into consideration in deciding whether or not to allow your child to participate in this activity. You may choose to obtain private insurance coverage, and the school would appreciate details of any medical/accident insurance you have in place for your child.

**EDENS LANDING STATE SCHOOL
STUDENT MEDICAL RECORD FORM**

1.

Student's name:Date of Birth:

Excursion/camp:Date of camp:

2. MEDICAL CONDITION. Please indicate below any known medical conditions relevant to the above named student. In those instances where there is a "YES" response, please describe the nature of the problem or provide a letter from your doctor.

Medical Condition	Circle	Details
Recent Illness/Injuries/Operations	YES/NO	
Allergies	YES/NO	
Drug Reactions (eg: penicillin allergy)	YES/NO	
Phobias	YES/NO	
Diabetes	YES/NO	
Travel Sickness	YES/NO	
Asthma	YES/NO	
Blood Pressure	YES/NO	
Epilepsy	YES/NO	
Heart Problems	YES/NO	
Respiratory problems (Other than Asthma)	YES/NO	
Other		
Date of last Tetanus Injection		
Medicare Number		
Health Fund Name and No:		

3. MEDICAL PRACTITIONER

Name of Family Doctor	
Address	
Telephone Number	()

4. **CURRENT PRESCRIBED MEDICATIONS**

The medication/s listed below has/have been prescribed for my son/daughter by a registered medical practitioner and will be required to be administered while my child is involved in the excursion/camp indicated in Section 1

I hereby request the teacher accompanying the excursion, who has been so authorised by the Principal, to administer the medication/s in accordance with the instructions written on the medication container/s by the pharmacist in accordance with the medical practitioner's instructions. I understand that all unused medication/s will be returned to me.

Signature of Parent/Caregiver: _____

Print Name: _____

Date / /

NAME OF MEDICATION (including mg/mls)	DOSAGE	TIMES FOR ADMINISTRATION

5. **DISCLAIMER**

I hereby authorise the medical practitioner identified in Section 3 to provide to hospital authorities or other qualified medical practitioner(s) additional information concerning any of the medical conditions identified in Section 2 should such need arise.

Signature of Parent/Caregiver: _____

Print Name: _____

Date / /

6. **AUTHORITY**

I hereby authorise the supervising teachers to obtain any medical or associated assistance which they deem to be necessary should any medical condition or accident occur. I agree to pay any ambulance, medical, dental and/or pharmaceutical expenses incurred on behalf of the above student which are not covered by my personal/family ambulance subscription, medical benefits fund (or travel insurance in the case of overseas travel.)

I further authorise qualified practitioners to perform surgery, administer anaesthetic and/or administer blood transfusions if such an eventuality should arise.

I understand that, should such circumstances arise the supervising teachers will endeavour to contact me by phone in the first instance.

Signature of Parent/Caregiver: _____

Print Name: _____

Phone Contact: Home () _____

Work () _____

Mobile _____