Torrens Primary School
Ritchie Street TORRENS ACT 2607
Phone: 6142 0777
Email: admin@torrensps.act.edu.au
Web: www.torrensps.act.edu.au

Excursion: Year 2-5 End of year outing to Limelight Cinemas, Tuggeranong

Anticipated group size: 15 staff; 218 students **Anticipated Staff/Student ratio:** 1:14

Date: Thursday 17 December 2026 (Week 10)

Transport arrangements: CDC Bus – Students will be collected at 9:45am and back at school at 1:00pm

Cost: $21
The school has made every effort to keep cost for this excursion at a minimum level. If necessary, parents or carers 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.

Did you know you can make a donation to our P&C towards meeting the cost of excursions, camps and activities for another family at school? If you would like to do this, you can email the P&C directly on torrenspnc@gmail.com

Payment and Notes due back to Front Office by: Thursday 10 December 2026 (Week 9)

Purpose of excursion: Our students can celebrate the end of 2026 together. They will travel by bus to the limelight cinemas in the Tuggeranong mall to watch Hexed which is rated PG.

Students will be provided with popcorn and a bottle of water upon arrival at the cinema. If your child does not eat popcorn, please let their class teacher know.

Contingency (e.g., in case of wet weather): Excursion will go ahead in wet weather. If changes are to be made to the day, you will be notified via text message.

What to pack, bring, wear: Students are required to wear school uniform on the day.

Staff who will be in attendance: Year 2, 3, 4 and 5 teaching staff, support staff and Alicia Hourigan

Behavioural expectations: *Staff 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 are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

Excursion Risk Assessment: Available to view at front office.

If you have any questions regarding this excursion, please contact your class teacher via the front office. Please return the completed forms and make payment by the due date shown above.

Kind regards,

Alicia Hourigan and Charlee Cremerius – Organising Teachers

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Excursion Permission Note

I give permission for my child to attend the end of year excursion to the limelight cinemas on the 17th of December where they will be watching a PG rated movie and 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.

You have previously completed a *Medical Information and Consent Form*. This form only needs to be completed once annually unless there are changes to the details on this form. Are there any changes to this form?

Yes ☐ No ☐ If yes, an updated *Medical Information and Consent Form* is required to be completed (available from the front office or from our website).

Will your child require medication to be administered during the excursion (e.g., antihistamine, pain relief)?

Yes ☐ No ☐ If yes, please complete a *Medication Authorisation and Administration Record* (available through the front office or from the website).

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: _____

_____

Please provide the following information:

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

Child's Name: _____Class: _____

Name of Parent /Carer (Please print) _____

Signature: _____ Date: ____ /____/____

Payment details:

The preferred method of payment is the **Parent Portal.**

Cost: $21

☐ Parent PORTAL, date paid __/__/__

☐ EFTPOS, date paid __/__/__

☐ Sentral Pay

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 appropriately and effectively manage the excursion. 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) on the About Us page.