**Torrens Primary School** Ritchie Street TORRENS A.C.T. 2607



6142 0777 [admin@torrensps.act.edu.au](mailto:admin@torrensps.act.edu.au) www.torrensps.act.edu.au

**Excursion:**  Year 6 Visit to Parliament House

**Anticipated group size:** 4 staff; 65 students **Staff/Student ratio-** 1:16

**When:** Thursday 30 June 2022 (Week 10) – 11.15am – 2.30pm

**Transport arrangements:** Bus to and from Torrens Primary School

**Cost: $**  8.50

*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.*

**Payment and Permission note due back to Class Teacher by:** Friday 24 June (Week 9)

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**Purpose of excursion:** As part of our Inquiry unit, students will be visiting Parliament House. Students will participate in two 60-minute programs aimed to inform and engage them about the processes involved in Australian Parliament. In addition, students will be able to make comparisons between school parliament and parliament at a federal level.

**Activities:** students will receive a comprehensive guided tour of the House of Representatives, the Senate and the parliamentary exhibits. They will then participate in a hands-on education program at the Parliamentary Education Office.

**What to pack, bring, wear:** Full school uniform, including hat and warm jacket. Students will eat their lunch at school prior to going on the excursion.

**Staff who will be in attendance:** All Year 6 teachers and Ms Zeitlhofer will attend the excursion.

**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,

***Year 6 Teaching team***

If you fill in the attached 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.



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**Excursion Permission Note – Year 6 Visit to Parliament House – Thursday 30 June 2022**

I give permission for my child to attend the Year 6 Visit to Parliament House on Thursday 30 June 2022, travelling by bus to and from Torrens Primary School.

*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.*

Tick (√) or cross (×) and complete as applicable:

□ You have previously completed the ***Medical Information and Consent Form*** for your child for 2022.

□ Ifyour child’s medical information has changed since completing the Medical Information and Consent Form for this year, please **update this with the Front Office *prior* to the excursion**.

□ If your child requires medication to be administered during the excursion (e.g. antihistamine, pain relief) please complete a ***Medication Authorisation and Administration Record*** available from the Front Office.

**□ In case of an emergency during the excursion:**

**Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

You are also required to 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: *\_\_/\_\_\_/\_\_\_***

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**Payment details:**

□ On-line ([www.torrensps.act.edu.au/payment](http://www.torrensps.act.edu.au/payment)) Receipt No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***or*** □ EFTPOS \_\_/\_\_/\_\_ (please call the Front Office to make EFTPOS payment over the phone)