

# National Young Leaders' Conference

## Wednesday 2<sup>nd</sup> March 2016

Dear Parents,

We are very excited to inform you that all Year 6 students (except those who are attending Somers Camp) will be representing our school at the National Young Leaders' Conference in Melbourne on Wednesday 2<sup>nd</sup> March 2016. The learning gained on the day supports the term learning focus on civics and citizenship. Our Fundraising Committee has generously funded most of the ticket cost for Grade 6 students to attend this important and special event. The cost for parents will be \$14 which includes the cost of the ticket (*tickets cost \$46 of which \$36 is subsidised by Fundraising money*) and the cost of the train travel (we are able to travel on a group train ticket rather than individual MYKI cards). The Conference will be held at the Melbourne Convention and Exhibition Centre. Students will be accompanied by Wandin Yallock Staff.

**Please note the excursion details very carefully.**

- Date: Wednesday 2<sup>nd</sup> March 2016
- Students meet at Lilydale Station at **7.15am to catch the 7.33am train**
- Parents will need to collect their child from Lilydale Station at 4.00pm

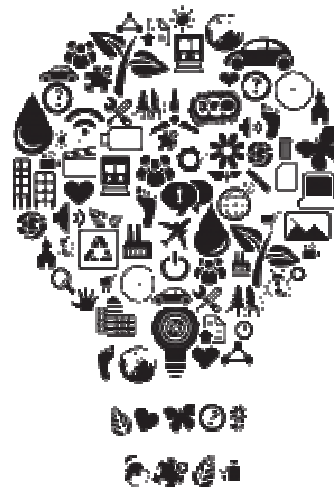
### **STUDENTS NEED:-**

- Correct school uniform (with logos).
- Packed lunch, play lunch, a drink, a note pad and pen in a small back pack.
- Students may bring \$5.00 to purchase a souvenir pin **if they wish**. They do not need any more money.
- Please see your child's teacher if you would like more information.

Many thanks for your co-operation,

Alex Harvey

Grade 6 Teacher





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The Principal  
Wandin Yallock Primary School

I give permission for my child \_\_\_\_\_ Grade \_\_\_\_\_ to attend the National Young Leaders Conference at Melbourne Convention and Exhibition Centre on Wednesday 2<sup>nd</sup> March 2016. Students will be travelling by train, leaving Lilydale Train Station at 7.15 am and arriving back at Lilydale Train Station at 4.00pm.

I consent to my child taking part in this excursion. I authorize the teacher in charge, when it is not possible or otherwise impracticable to contact me, to consent to my child receiving any medical or surgical treatment as may be deemed necessary by a medical practitioner or administer such first-aid as the teacher-in-charge judges to be reasonably necessary and I accept responsibility for the payment of any medical or transport expenses thus incurred.

Parent/Guardian's Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information - Please tick if your child suffers any of the following:**

- Asthma                       Anaphylaxis                       Travel sickness  
 Other: \_\_\_\_\_

**Medication**

Is your child taking any medicine(s)?  Yes  No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

\_\_\_\_\_

\_\_\_\_\_

All medication including details of child's name, dosage and time taken must be given to the teacher-in-charge.

*This confidential consent form asks for personal information about your child as well as family members that provide care for your child. All staff at Wandin Yallock Primary School and the Department of Education & Training are required by law to protect the information provided by this consent form. The Department of Education & Training requires this consent form to be signed for all students attending school excursions*

**Please select Payment Method**

*(Please note you can include payment for all siblings in the one envelope but one consent form for each child must be included.)*

- Please take payment of \$14 from my account **which is in credit.**
- Please take payment of \$14 from my **Camps, Sports, Excursion Funding** *(Approved recipients only).*
- I enclose \$14.
  - Payment by cheque – (made payable to 'Wandin Yallock Primary School')
  - Payment by cash or EFTPOS at office
- Direct Deposit: Account Name – WANDIN YALLOCK PRIMARY SCHOOL  
 BSB: 633 000 Account: 117 554 592  
 Please use the Parent Family Name when entering your details.
- \$14 Payment by Credit Card – (MasterCard/Visa)

Credit Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

Amount: \_\_\_\_\_ Name as appears on Credit Card: \_\_\_\_\_

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