



**MACQUARIE PRIMARY SCHOOL**  
**Years P – 6**

46 Bennelong Crescent MACQUARIE ACT 2614

Phone 6142 1550

Fax 6142 1571

www.macquarieps.act.edu.au

Email admin@macquarieps.act.edu.au

ABN: 66 296 876 753



4 July 2019

**Camp Cooba**

Dear Families,

Students have the opportunity for a three-day camp to Cooba NSW to develop team building skills. They will participate in various experiences such as the big swing, bubble ball and the survivor challenge.

**Where:** Camp Cooba, Cootralantra Rd, Berridale NSW

**When:** Wednesday, 23 – Friday, 25 October 2019

**Transport:** Bus supplied by Cooba

**Time:** Departing at 7:45am on 23 October and returning at 3:30pm on 25 October

**Accompanying Staff:** Rebecca Spoors, Ross Dennis, Rebekah Graham and Veronique Canellas

**Emergency Contact number on excursion:** 0434 751 607

**Total Cost:** \$310

Due to the distance and outdoor education activities the need for high levels of self-management during this camp are vital. Students who do not demonstrate these skills leading into the camp experience may have this opportunity withdrawn.

*The school is planning to offer a camp experience at Cooba. As this is an optional activity, a payment will be required to cover the costs. If the school is unable to cover the costs, the school may not be able to provide the activity. Individual records of contributions are confidential.*

**A note outlining what the students will need to bring and seeking permission will follow closer to the camp.**

Please return the expression of interest and \$50 deposit to the Front Office by Friday, 2 August. The balance of \$260 will be due by Friday, 27 September. If you would like to arrange a payment plan please see Ann Walker, Business Manager.

Kind regards,

**Rebekah Graham, Rebecca Spoors and Ross Dennis**

**Expression of Interest for Camp Cooba - return to Front Office by Friday, 2 August**

I would like my child \_\_\_\_\_ from

Class \_\_\_\_\_ to attend Camp Cooba from 23-25 October 2019.

## Deposit Payment Slip for *Camp Cooba*

Payment due date: **Friday, 2 August 2019**

**Student Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

- I enclose \$50 cash/cheque or
- I have paid \$50 via electronic funds transfer

### EFT Details

Account Name:	Macquarie Primary School Management Account
BSB Number:	032 777
Account Number:	001586
Use reference:	<i>Child's Name</i> CoobaDeposit

- I have paid \$50 via Quickweb - found under the payment tab on our school website

### Quickweb Details:

Go to our school website and follow the prompts on the payment page
Use reference: <i>Child's Name</i> CoobaDeposit

The Directorate collects the information contained in this form to obtain parental consent for students' participation and to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.