



**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



24 August 2020

**Year 5 Combined Band Rehearsal**

Dear Families,

On Monday 14 September we will be traveling to Weetangera Primary School for a combined band rehearsal. Students are required to bring their **instrument, sheet music and water** as we will leave Macquarie by bus at 9.30am and not return until 12.00pm.

A risk assessment has been completed and is available to view at the front office.

**Where:** Weetangera Primary School

**When:** Monday 14 September 2020

**Transport:** Qcity buses

**Time:** 9.30am – 12.00pm

**Accompanying Staff:** Cynan Brace

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

**Cost:** \$0 Bus hire is covered in band fees.

*Staff accompanying students on excursions will take all reasonable care while the students are in their care to protect them from injury. Parents should be aware that staff members are not responsible for injuries or damage to property that 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. (Education Directorate Policy)*

**Students will need to bring/wear:**

- Full school uniform
- water bottle
- instrument
- sheet music

Please return permission note by **Monday 7 September**.

Kind regards,

**Cynan Brace**

## Permission Note for Year 5 Combined Band Rehearsal

I give permission for my child \_\_\_\_\_ from

class \_\_\_\_\_ to attend this excursion on **Monday 14 September**.

- I understand the transport arrangements involved.
- I confirm there have been no changes to my child's medical information and I understand it is my responsibility to inform the school if changes occur.

### Parent Contact Information - If needed during the excursion

Parent/Carer Name:	Contact Number:
Parent/Carer Name:	Contact Number:
Parent Signature:	Date:

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*.