



MACQUARIE PRIMARY SCHOOL

Years P – 6

46 Bennelong Crescent MACQUARIE ACT 2614

Phone 6142 1550

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www.macquarieps.act.edu.au

Email admin@macquarieps.act.edu.au

ABN: 66 296 876 753



13 May 2021

Belconnen Region Cross Country

Dear Families,

We would like to congratulate your child on qualifying for the Belconnen Regional Cross Country carnival. It will be held at Stromlo Forest Park on Wednesday 26 May. We will catch a bus from school to the event, returning to school for lunch. Families are welcome to attend, but please be aware that finding a car park may be difficult because of the number of students attending.

Due to the number of students and parents that attend, we have been asked to specify that only runners and authorised volunteers will be permitted on the track. Everyone else must remain behind the fences to enable the smooth running of the event. Along with their running gear (no spikes or studded boots) please ensure that your child has warm clothes and a hat as there is no shade it can be quite cold before and after the event even if it is a sunny day. A risk assessment has been completed and is available to view at the front office.

Stay home if unwell and get tested if experiencing symptoms of COVID-19, no matter how mild. This applies to students, staff and spectators. People are not to attend if they have been in a COVID affected area or identified as a close contact of a positive case.

Where: Stromlo Forest Park, Dave McInnes Road, Stromlo

When: Wednesday 26 May 2021

Transport: Qcity bus

Time: Departing school at 9.00am (students will need to be at school by 8.45am) and returning to school at 12pm.

Accompanying Staff: Meg Signor and Melanie Pollack

Emergency Contact number on excursion: 0434 751 607

Cost: \$15 This covers the cost of the program and bus hire.

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)

As this is an optional activity to enrich curriculum outcomes, 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 this activity. Individual records of contributions are confidential.

Students will need to bring/wear:

- running clothes
- water bottle
- sunsmart hat
- jumper or jacket, long track pants
- recess snack

Students will bring their bags, but could you also ensure that all their clothing has their name clearly marked. There will be a canteen available on the day. Please return the permission note and payment by **Friday 21 May 2021**.

Kind regards,

Meg Signor

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*.



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Permission Note for Belconnen Region Cross Country

I give permission for my child _____ from
 class _____ to attend this excursion on **Wednesday 26 May 2021**.

- 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:

Payment Slip for Belconnen Region Cross Country

Payment due date : **Friday 21 May 2021**

Student Name: _____ **Class:** _____

- I enclose \$15 cash/cheque or
- I have paid \$15 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> CROSS

- I have paid \$15 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> CROSS