Dear Parent / Guardian,

An excursion has been arranged for students in the group(s) listed below. We believe it will be of considerable educational and social benefit to your child if they can participate. Please study the details of the excursion provided below. If you require additional information contact the Teacher-In-Charge of the excursion. If you approve of your child’s participation please complete the consent form reply slip below and return it along with the cost of the excursion by the due date listed below. This excursion has been approved by the school’s administration.

Teacher-In-Charge: Christine Barker
Class or Group involved: OSHC Vacation Care
Date(s) for activity: Thursday, 7 April 2016
Time leaving: 10.30am
Return Date: Thursday, 7 April 2016
Time Returning: 2.30pm
Clothing and Equipment: Closed toe footwear
Means of Transport: Travel by bus
Materials Required: NA
Lunch Arrangements: NA
Cost to be paid by: 24/03/2016
Deposit and Due Date: 0 -
Emergency Contact: Chriss Barker 0400 548 618

Total Cost = $25.00
Children will travel by bus to the Sun Theatre in Yarraville to see a screening of Kung Fu Panda 2.

Please detach and return the consent form to your teacher by 9.00 am on 24/03/2016

<table>
<thead>
<tr>
<th>Carranballeac P-9 College - Consent Form for Excursion - Organiser: Christine Barker</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSHC Vacation Care - OSHC Vac Care Sun Theatre Movie -3 Ballarat Street Yarraville</td>
</tr>
<tr>
<td>Name Of Parent / Guardian: _________________________________ Contact: _________________________________</td>
</tr>
<tr>
<td>Name of Student: ____________________________ Form Group: _____ Year Level: ______</td>
</tr>
<tr>
<td>Date(s) of Excursion: Thursday, 7 April 2016 Cost: $25.00</td>
</tr>
</tbody>
</table>

I give consent for my child to participate in this excursion in accordance to the conditions specified in the activity notice. I authorise the Teacher-In-Charge of the excursion to consent, where it is impracticable to communicate with me, to my child’s receiving such medical and / or surgical treatment as may be deemed necessary.

Parent / Guardian: ____________________________ (Signed) Date Today: ____________________________

In the space below list any special medical conditions and treatments teachers need to know

http://sims/staff/Activities/ConsentForm.asp?ActivityID=31207

16/03/2016
Dear Parent / Guardian,

An excursion has been arranged for students in the group(s) listed below. We believe it will be of considerable educational and social benefit to your child if they can participate. Please study the details of the excursion provided below. If you require additional information contact the Teacher-in-Charge of the excursion. If you approve of your child’s participation please complete the consent form reply slip below and return it along with the cost of the excursion by the due date listed below. This excursion has been approved by the school’s administration.

Teacher-in-Charge: Christine Barker
Class or Group involved: OSHC Vac Care Foundation-Grade 2 children
Date(s) for activity: Tuesday, 5 April 2016
Time leaving: 10.30am
Return Date: Tuesday, 5 April 2016
Time Returning: 1.00pm

Clothing and Equipment: Comfortable clothes and closed toe footwear
Means of Transport: Travel by bus
Materials Required: NA
Lunch Arrangements: Lunch is provided
Cost to be paid by: 25/02/2016
Deposits and Due Date: 0 -
Emergency Contact: Chriss Barker 0400 546 618

Total Cost = $25.00
Foundation-Grade 2 children will travel by bus for a morning of fun at Dizzy's Castle.

Please detach and return the consent form to your teacher by 9.00 am on 25/02/2016

Carranbullac P-9 College - Consent Form for Excursion - Organiser: Christine Barker

OSHC Vac Care Foundation-Grade 2 children - OSHC Vacation Care Dizzy's Castle F-Grade2-Mephan Street Maribyrnong
Name Of Parent / Guardian: _______________________________ Contact: _______________________________
Name of Student: _______________________________ Form Group: ______ Year Level: ______
Date(s) of Excursion: Tuesday, 5 April 2016 Cost: $25.00

I give consent for my child to participate in this excursion in accordance to the conditions specified in the activity notice. I authorise the Teacher-in-Charge of the excursion to consent, where it is impracticable to communicate with me, to my child’s receiving such medical and / or surgical treatment as may be deemed necessary.
Parent / Guardian: _______________________________ (Signed) Date Today: _______________________________

In the space below list any special medical conditions and treatments teachers need to know

http://sims/staff/Activities/ConsentForm.asp?ActivityID=31206 16/03/2016
Dear Parent / Guardian,

An excursion has been arranged for students in the group(s) listed below. We believe it will be of considerable educational and social benefit to your child if they can participate. Please study the details of the excursion provided below. If you require additional information contact the Teacher-In-Charge of the excursion. If you approve of your child’s participation please complete the consent form reply slip below and return it along with the cost of the excursion by the due date listed below. This excursion has been approved by the school’s administration.

Teacher-In-Charge: Christine Barker
Class or Group involved: OSHC Vacation Care
Date(s) for activity: Friday, 1 April 2016
Time leaving: 12.00 noon
Return Date: Friday, 1 April 2016
Time Returning: 3.00pm
Clothing and Equipment: Closed toe shoes
Means of Transport: NA
Materials Required: NA
Lunch Arrangements: NA
Cost to be paid by: 24/03/2016
Deposit and Due Date: 0 -
Emergency Contact: NA

Total Cost = $15.00
Supreme incursions will provide an afternoon of Tabloid sports.

Please detach and return the consent form to your teacher by 9.00 am on 24/03/2016

I give consent for my child to participate in this excursion in accordance to the conditions specified in the activity notice.

I authorise the Teacher-In-Charge of the excursion to consent, where it is impracticable to communicate with me, to my child’s receiving such medical and / or surgical treatment as may be deemed necessary.

Parent / Guardian: ___________________ (Signed) Date Today: ________________

In the space below list any special medical conditions and treatments teachers need to know

http://sims/staff/Activities/ConsentForm.asp?ActivityID=31205

16/03/2016
OSHC Vac Care Roller Skating Excursion
Grade 3-7-2 Oakdene Grove Laverton

Dear Parent / Guardian,

An excursion has been arranged for students in the group(s) listed below. We believe it will be of considerable educational and social benefit to your child if they can participate. Please study the details of the excursion provided below. If you require additional information contact the Teacher-In-Charge of the excursion. If you approve of your child’s participation please complete the consent form reply slip below and return it along with the cost of the excursion by the due date listed below. This excursion has been approved by the school’s administration.

Teacher-In-Charge: Christine Barker
Class or Group involved: OSHC Vacation Care Grades 3-7
Date(s) for activity: Thursday, 31 March 2016
   Time leaving: 10.30am
   Return Date: Thursday, 31 March 2016
   Time Returning: 2.30pm
Clothing and Equipment: NA
Means of Transport: Travel by bus
Materials Required: NA
Lunch Arrangements: Lunch will be provided
Cost to be paid by: 24/03/2016
Deposit and Due Date: 0 -
Emergency Contact: Chriss Barker 0400 548 618

Total Cost = $25.00
Children from Grade 3-7 will go by bus to the Laverton Skating rink for a morning of skating.

Please detach and return the consent form to your teacher by 9.00 am on 24/03/2016

Carranballac P-9 College - Consent Form for Excursion - Organiser: Christine Barker

OSHC Vacation Care Grades 3-7 - OSHC Vac Care Roller Skating Excursion Grade 3-7 -2 Oakdene Grove Laverton

Name Of Parent / Guardian: ___________________________ Contact: ___________________________
Name of Student: ___________________________ Form Group: _______ Year Level: _______
Date(s) of Excursion: Thursday, 31 March 2016 Cost: $25.00

I give consent for my child to participate in this excursion in accordance to the conditions specified in the activity notice.
I authorise the Teacher-In-Charge of the excursion to consent, where it is impracticable to communicate with me, to my child’s receiving such medical and / or surgical treatment as may be deemed necessary.
Parent / Guardian: ___________________________________ (Signed) Date Today: _____________

In the space below list any special medical conditions and treatments teachers need to know

http://sims/staff/Activities/ConsentForm.asp?ActivityID=31204

16/03/2016
Dear Parent / Guardian,

An excursion has been arranged for students in the group(s) listed below. We believe it will be of considerable educational and social benefit to your child if they can participate. Please study the details of the excursion provided below. If you require additional information contact the Teacher-In-Charge of the excursion. If you approve of your child's participation please complete the consent form reply slip below and return it along with the cost of the excursion by the due date listed below. This excursion has been approved by the school's administration.

Teacher-In-Charge: Christine Barker
Class or Group involved: OSHC Vacation Care
Date(s) for activity: Wednesday, 30 March 2016
  Time leaving: 9.30am
  Return Date: Wednesday, 30 March 2016
  Time Returning: 12.30pm
Clothing and Equipment: Closed toe footwear
  Means of Transport: NA
  Materials Required: NA
  Lunch Arrangements: NA
  Cost to be paid by: 24/03/2016
  Deposit and Due Date: 0 -
  Emergency Contact: NA

Total Cost = $15.00
Children will be rotating through a series of exciting hands on Science activities provided by Supreme Incursions.

Please detach and return the consent form to your teacher by 9.00 am on 24/03/2016

Carranballea P-9 College - Consent Form for Excursion - Organiser: Christine Barker

<table>
<thead>
<tr>
<th>OSHC Vacation Care - OSHC Silly Science Incursion -</th>
</tr>
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<tbody>
<tr>
<td>Name Of Parent / Guardian: __________________________ Contact: __________________________</td>
</tr>
<tr>
<td>Name of Student: __________________________ Form Group: _______ Year Level: _______</td>
</tr>
<tr>
<td>Date(s) of Excursion: Wednesday, 30 March 2016 Cost: $15.00</td>
</tr>
</tbody>
</table>

I give consent for my child to participate in this excursion in accordance to the conditions specified in the activity notice.
I authorise the Teacher-In-Charge of the excursion to consent, where it is impracticable to communicate with me, to my child's receiving such medical and / or surgical treatment as may be deemed necessary.
Parent / Guardian: __________________________ (Signed) Date Today: __________________________

In the space below list any special medical conditions and treatments teachers need to know

http://sims/staff/Activities/ConsentForm.asp?ActivityID=31203

16/03/2016