



Dear Parent / Carer

PARENT INFORMATION AND CONSENT FORM (INTER STATE TRAVEL)

Thank you for your continuing support of the **AUSTRALIAN OPEN TOUR 2020**. Enough students have indicated that they would like to participate to enable the trip to go ahead and I am pleased to provide you with the following details. This excursion has been planned to supplement the work being completed in your child's classroom.

If you give consent for your child to attend the excursion outlined below, please complete the permission slip attached together with the *Contract* and other relevant documents and return them to the college with the appropriate deposit by Wednesday 24 October 2018.

Purpose of Excursion:	This tour will allow students to further expand their team work, skill development, self-management and interpersonal skills through extensive tennis coaching throughout the duration of the tour and exposure to top level International Tennis giving them an insight into skills and game strategy at that level.
Destination:	Melbourne, Victoria, Australia
Dates and duration of excursion:	Sunday 12 January 2020 – Friday 17 January 2020
Time and date of departure from domestic airport:	Morning (AM) Departure – time to be confirmed
Time and date of return at domestic airport:	Evening (PM) return – time to be confirmed
Travel Itinerary:	See Attached – Guide only (TBC)
Ground Package Itinerary:	See Attached – Guide only (TBC)
Accommodation:	Great Southern Hotel Melbourne (TBC)
Venues:	See Attached – Guide only (TBC)
Activities to be undertaken:	See Attached – Guide only (TBC)
Minimum number of students required for excursion to proceed:	12 Students
Excursion Cost per Student:	\$2,200.00. See Payment Options and dates over the page. Please Note: that the excursion cost includes payment for staff to travel on the excursion.
Deposit required:	\$800.00 to secure flights and land package costs.
Optional Costs:	Spending money to purchase personal items.
Special Clothing or other Items required:	Tennis Racquets, Tennis Clothing and clothing for the duration.
Members of Supervisory Team:	Mr J Campbell, Mrs S Campbell
Contact arrangements during the excursion:	Full Contact and details of contact for Mr J Campbell and Mrs S Campbell will be given before departure date.
Staff Member with CPR and/or first aid training is:	Mr J Campbell, Mrs S Campbell
Student Health Care:	Student Health Care Summary to be up to date. (see consent form attached).
Travel Insurance	To be organised by Parents/Carers - see attached. Please Note: It is highly recommended that travel insurance be taken out as soon as a deposit has been made.

Please Note:

In accordance with the John Forrest Secondary College Policy only students whose college charges are fully paid may take part in interstate travel.

ITINERARY – TBC

Day	Date	Itinerary – GUIDE ONLY
1	Sun 12 Jan	AM – Flight Perth to Melbourne PM – Beach Tennis
2	Mon 13 Jan	AM and PM Australian Open day and evening session (Rod Laver arena)
3	Tues 14 Jan	AM and PM Australian Open day and evening session (Rod Laver arena)
4	Wed 15 Jan	Eureka Tower, Luna Park, Outlet Shopping
5	Thurs 16 Jan	AM Catch train to Ballarat AM Real Tennis Ballarat PM Ballarat Tennis Club
6	Friday 17 Jan	AM Australian Sports Museum, Australian Open PM – Flight Melbourne to Perth

PAYMENT OPTIONS

For your convenience the following payment methods are available at the college:

- **Cash, Cheque or EFTPOS** (Savings/Cheque/Credit Accounts)
- **BPay** –contact the college on 9473 4017 or email rosemarie.berlingeri@education.wa.edu.au
- **Direct Deposit:** BSB: 066 132 Account No.: 00900083 Reference: Student Name
- **B-Point:** visit www.bpoint.com.au – Biller code: 1374834
Reference Number: Student full name or student number.

Please contact Rose Berlingeri on 9473 4017 if you have any queries regarding payment methods.

Full payment of \$2,200.00 will be accepted at any time and payment can be made at the Front Office (Monday to Thursday).

Please Note:
*Full payment should be made by **21 August 2019** and that late cancellations will incur a penalty.*

The following payment schedule is outlined for your convenience:

Payment	Option 1	Option 2	Payment due date
Deposit	\$2,200.00	\$800.00	24 October 2018
Instalment 2		\$300.00	21 November 2018
Instalment 3		\$300.00	20 February 2019
Instalment 4		\$400.00	22 May 2019
Final Payment		\$400.00	21 August 2019

The excursion organisers realise the responsibility parents give them when allowing their child to attend the excursion and therefore endeavour to cover all eventualities. The organisers, like parents, place trust in the student to demonstrate sensible behaviour at all times. All excursions are an extension of school and carry the same rules and restrictions.

Yours sincerely


John Campbell
TEACHER IN CHARGE


Melissa Gillett
PRINCIPAL

24 July 2018

Encs



STRICTLY CONFIDENTIAL
PARENT INFORMATION AND CONSENT FORM
(INTER STATE TRAVEL)
AUSTRALIAN OPEN TOUR 2020

This form must be completed and returned to the front office with the deposit by 24 October 2018

Student Name: _____

Form: _____

Parent/Carer Information

Parent/Carer Name:	
Address:	
Home Phone Number:	
Work Phone Number:	
Mobile Phone Number:	
Other Phone Number:	
Email Address:	

Emergency Contact Person

Name:	
Phone Number:	

Any other Relevant Information

Special Dietary Requirements:	

I confirm that the college has been notified of any medical conditions or illnesses that may affect my child.

I require a Student Health Care Summary form to update my child's medical conditions.

(Please contact the college on T: 9473 4013 if you require a Student Health Care Summary form).

If the proposed excursion poses any additional health risks to those identified in the *Student Health Care Summary*, eg if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature. Please outline additional health risks below:

I have read and understood the information regarding the interstate excursion to **The Australian Open – Melbourne** from **Sunday 12 January 2020** to **Friday 17 January 2020** and give my consent for _____ to participate.

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the college and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the college or its employees are proven to be negligent.

Signature of Parent/Carer: _____

Date: _____

TRAVEL INSURANCE ADVICE
Interstate and Overseas Excursions

All students intending to participate in an interstate or overseas excursion need current travel insurance cover. ***Students who do not have current travel insurance cover are not able to participate in the excursion.***

Schools are sometimes asked by parents to arrange travel insurance or to provide recommendations about where to obtain travel insurance. However, the Department and schools are not permitted to obtain or broker travel insurance for students or any other person.

Normally, travel insurance cover is limited to matters such as loss of baggage, cancellation or changes to student travel arrangements etc. The personal accident component of the travel insurance may include limited emergency expenses. You should read the terms of your travel insurance carefully, particularly noting what circumstances and events are not covered by your policy. It is your responsibility to ensure that you are satisfied with the terms of the travel insurance that you obtain for your child.

TRAVEL INSURANCE RESPONSE

I confirm that I have arranged travel insurance with _____

Policy number: _____

Signature of Parent/Carer: _____ **Date:** _____



INTER STATE TRAVEL
AUSTRALIAN OPEN TOUR 2020

Student Contract

As a member of John Forrest Secondary College I agree to:

- Represent John Forrest Secondary College proudly and comply with all college policies and guidelines.
- Work cooperatively with the excursion organisers at all times.
- Be sensitive to the feelings of fellow excursion participants.
- Represent myself, my parents and my college at all times in a manner beyond reproach and with a clear understanding of my responsibilities as a participant.
- Allow my image to be used for photographic, web site or video reproduction for promotional purposes.

I understand that if I infringe any verbal or written instruction or breach any aspect of this contract I may be returned to my home at my parents' expense.

Student Full Name: _____

Signature of Student: _____

Date: _____

Parent/Carer Contract

I declare that:

1. I understand that placement will be confirmed on receipt of the following:
 - Payment of deposit by the set date.
 - Signed Student Contract and Parent Contract document.
 - Full payment of college charges.
2. I have:
 - Read and understood the *Parent Information and Consent Form* dated 24 July 2018
 - Provided up to date medical information for my child.
 - Paid or made arrangements to pay all outstanding college charges.
3. I agree to:
 - Meet payment deadlines as set out in the *Parent Information and Consent Form* and I am aware the total cost of the excursion is approximately \$2,200.00 (subject to air fares).
 - The conditions of the excursion including travel arrangements and accommodation requirements.
 - Fully support my child and his/her decision to participate in the excursion.
 - Pay all costs if my child is returned home for breaking excursion rules.
4. I understand that full payment must be made by the due date and that late cancellations will incur a penalty.
5. I understand that my child will not be able to participate in this excursion if I have not provided a copy of the travel insurance policy covering the student for this excursion.
6. I give my permission:
 - For my child to take part in the excursion.
 - For my child to be involved in water based activities while on the excursion.
 - For camp organisers to seek medical attention for my child if required.
 - For my child's image to be used for photographic, web site or video reproduction for promotional purposes.

In the event of a student withdrawing from the excursion the college will be unable to guarantee a full refund after air fares and ground packages have been purchased.

Parent/Carer Full Name: _____

Signature of Parent/Carer: _____

Date: _____