

### Beaudesert State High School Excursion Information for Parents/Guardians

#### Dear Parent/Guardian

This is to advise you that our school is planning an educational activity. The details are as follows:							
Activity title:	Certificate II in Animal Studies- University of QLD Gatton Campus						
Purpose of the activity:	Certificate II in Animal Studies- Practical Assessment						
Name of teacher coordinating:	Kate Bandrowski (kband3@eq.edu.au)						
Subject areas involved:	Agriculture Year level/s 10 & 11						
Itinerary:	Students will be required to meet at the school at 6:30 for a 7:00 am departure. Students will be bussed to the University of QLD Gatton Campus. Students will return back to the school by 5:00pm.						
Date of departure:	Term 1: Feb 5 <sup>th</sup> , Feb 19 <sup>th</sup> , March 5 <sup>th</sup> , March 19 <sup>th</sup> , April 2 <sup>nd</sup> .  Term 2: April 30 <sup>th</sup> , May 14 <sup>th</sup> , May 28 <sup>th</sup> , June 11 <sup>th</sup> , June 25 <sup>th</sup> .  Term 3: July 23 <sup>rd</sup> , Aug 6 <sup>th</sup> , Aug 20 <sup>th</sup> , Sept 3 <sup>rd</sup> , Sep 17 <sup>th</sup> Term 4: Oct 15 <sup>th</sup> , Oct 29 <sup>th</sup> , Nov 12 <sup>th</sup> , Nov 19 <sup>th</sup> .  Time of Departure: 6:30am						
Mode of transport:	School Bus						
Date of return:	The day will be finished at Gatton Campus by approximately 5pm						
Point of return:	Beaudesert State High School bus turnaround for parent collection of students						
Cost per student:	\$25 per term Payment due: Week 3 of each Term						
Reference Code: N/A							
Activities involved:	Participating in handling domestic animals.						
Meal Arrangements	<ul><li></li></ul>						
Student Dress	☐ Full dress uniform ☐ Sport Uniform ☐ Other						
Excursion							
Students need to bring:	Students must wear tidy, long pants. Students are to bring School Jumper in case of cold weather.						

Please note the above details and retain for your information. Please return the Parent Consent form and payment to the office by 03/02/2025.

Badhli

29/1/25

Kate Bandrowski

Date

Damien Burke



where relevant have updated this information.

Signed:....(Parent/Caregiver)

Health Officer's Directions.

# Beaudesert State High School Consent Form

EVENT: UQ Gatton Excursion

#### THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM

Student's Name:								
Form Class:								
Is there any medica	al or psychological reason to p	prevent you	r child from part	icipating	in any	of the ac	ctivities outlin	ned in this
Information Sheet?	☐ YES ☐ NO							
Medicare Number (	MUST BE COMPLETED)	_						
				VIII AND STREET				
<b>N</b>	NEDICAL	YE	ES/NO	Pl	_EASE	<b>PROV</b>	IDE DETA	AILS
Current Tetanus Vacci	ination (within 10 yrs)	☐ YES	□ но					
Heart Problems		☐ YES	□ но					
Respiratory Problems - eg - Asthma		☐ YES	□ но					
Allergies		☐ YES	□ но					
Blood Pressure		☐ YES	□ но					
Operations		☐ YES	□ но					
Epilepsy		☐ YES	□ но					
Recent Illness		☐ YES	□ но					
Medication Required		☐ YES	□ но					
Drug Reaction - eg - P	enicillin Allergy	☐ YES	□ но	10.00				
Diabetes		☐ YES	□ но					
Other – eg - Phobias etc.		☐ YES	□ но					
Swimming Ability	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Please circle	Poor	Fair	Good	Very Good	Excellent
Emergency	Name:		Address:					
Contact:								
Home Phone No.			Emergency Phor	ne No:				
Activity risks and ins	urance							
Please note that the	Department of Education does i	not have pe	rsonal accident in	surance (	cover fo	r children	/students. If	your child is
	an accident or incident while pa							
	sibility of the parent/carer. Some							
	ne costs may also be covered by decide the type/s and level of p							
	ding whether or not to allow the					their cin	iu. Flease taki	e tills lilto
Consent	ang whether or not to anow the	c cilia, staa	cire to participate	iii ciiis av	servicy.			
	I agree to all the following stat	ements:						
I have read all of the	information contained in this fo	rm in relati	on to the activity	(includin	g any at	tached m	aterial)	
	department does not have perso							
I give consent for the						<ins< td=""><td>ert child's na</td><td>me&gt; to</td></ins<>	ert child's na	me> to
	e named child/student,						010 011110 0 1101	
participate in the ide	entified activity.							
I will pay to the school	entified activity. ol the costs detailed in this cons	ent form fo	r the child/studen	t's partic	ipation	in the act		
I will pay to the school agree to and unders	entified activity. of the costs detailed in this consistand the refund policy as it app	ent form fo	r the child/studen excursion (see Act	t's partic	cipation s)		ivity.	
I will pay to the school agree to and unders In the event of an acc	entified activity.  ol the costs detailed in this cons  stand the refund policy as it app  cident or illness, school staff ma	ent form fo lies to this e y obtain or	r the child/studen excursion (see Act	t's partic	cipation s)		ivity.	
I will pay to the school agree to and unders In the event of an accomay reasonably requ	entified activity.  ol the costs detailed in this consetand the refund policy as it apposident or illness, school staff makire, including contacting their d	ent form fo dies to this e y obtain or octor.	r the child/studen excursion (see Act administer any m	t's partic ivity cost edical as	cipation s) sistance	or treatn	ivity. nent the child	/student
I will pay to the school agree to and unders In the event of an acc may reasonably requil accept liability for a	entified activity.  ol the costs detailed in this cons  stand the refund policy as it app  cident or illness, school staff ma	ent form fo lies to this e y obtain or octor. the departm	r the child/studen excursion (see Act administer any manent in obtaining s	t's partic ivity cost edical as: uch med	cipation s) sistance ical assi	or treatn	ivity. nent the child	/student

I give consent for student contact information to be shared in relation to this activity in compliance with relevant Queensland Chief

Name:.....( Parent/Caregiver) Date: .....

## BEAUDESERT STATE HIGH SCHOOL PAYMENT OPTIONS

#### **QParent:**

- Pay a student's invoice securely through the QParent app using your credit/debit card. Payment through QParent app can be made 24 hours a day, 7 days a week.
- Qkr

Pay a student's invoice securely through the Qkr app using your credit/debit card. Payment through Qkr app can be made 24 hours a day, 7 days a week.

#### **BPOINT:**

 Credit/debit card payment. Allows you to pay excursions 24 hours a day, 7 days a week. Access BPoint through direct hyperlink on emailed invoices and statements or our website www.beaudeseshs.eq.edu.au or 1300 631 073.

#### PAYING BY INTERNET BANKING: ONLY AVAILABLE FOR AMOUNTS OVER \$10

Bank Account Name: Beaudesert State High School General A/C

BSB Number:

064-400 (CBA Branch Beaudesert)

Account Number:

00090023

Reference/Details: Please record both "Student No (on Student ID card) AND Reference Code" in the reference/details section so that your payment can be recorded correctly. If insufficient details are supplied, payments will be applied to the oldest debt for that Family/Customer.

#### **PAYING BY MAIL:**

- Cheques and Money Orders made payable to Beaudesert SHS and returned with completed Payment Advice below.
- Post to Beaudesert State High School, PO Box 104, Beaudesert Qld 4285

#### **PAYING IN PERSON:**

- Payment can be made at the cashier's office on Monday, Tuesday & Thursday between 8:00am and 11:15am.
- Credit Card and Debit Cards (EFTPOS), Cash, Cheques and Money Orders are accepted.
- We do <u>NOT</u> accept American Express or Diners Cards

×									
PAYMENT ADVICE  The section below is destroyed after processing of the bank reconciliation which contains this payment. We cannot hold details for future payments									
STUDENT'S NAME:	***************************************	STUDENT ID:							
AMOUNT PAID:	R	REFERENCE CO	DDE:	DATE:					
PAYMENT TYPE:	☐ CASH	☐ EFTPOS	☐ INTERNET	CHEQUE	☐ CENTREPAY				
Please return to:		rt State High Sc 4, Beaudesert							

Phone: 07 5542 9111 Fax: 07 5542 9100