Dear Parents,

**SOVEREIGN HILL CAMP 2016**

This letter is to confirm the cost for the Grade 5 overnight camp to Sovereign Hill on Tuesday July 26th and Wednesday July 27th. We will be travelling to Sovereign Hill by coach, meeting at the school at 7.45am for an 8 am departure on Tuesday July 26th and returning on Wednesday July 27th at approximately 3pm. We will put a list of requirements and an itinerary together closer to the camp date.

We will be staying at Sovereign Hill Lodge just outside the gates to Sovereign Hill. Once we are settled into our accommodation [bunk bed rooms accommodating up to 10] we will enter Sovereign Hill to begin the program.

The total cost of the camp is $165 and can be paid in instalments. We understand that this is a large amount of money, but believe that the venue and activities that are conducted are a fabulous learning experience. The price includes coach fare, entry to Sovereign Hill, Blood on the Southern Cross Sound and Light Show, dinner on Tuesday, breakfast and a cut lunch on Wednesday, plus overnight accommodation in the Sovereign Hill Lodge. Students will need to bring a snack, lunch and drink on the first day.

We are asking for three payments [1 x $45.00 and 2 x $60.00] to be made; the first of which is due by **WEDNESDAY MARCH 23rd**. Due dates for all payments are on the attached payment slip. You are most welcome to pay the full amount at once if that is more convenient for you. Please note that Eftpos payments can be made at the Office; all other payments are to be made to your child's teacher to go through their Cash Book. To enable us to keep accurate records of payments received, please ensure that the correct payment slip is returned with your child's payment.

Please do not hesitate to contact your child’s teacher if you have any questions or concerns relating to any of the above.

Kind regards,

Grade 5 Team
SOVEREIGN HILL STUDENT PERMISSION FORM

I give permission for my child ___________________________ in grade _____ to travel by bus to Sovereign Hill in Ballarat on Tuesday July 26th, returning to Oatlands on Wednesday July 27th, 2016.

I authorise the teacher in charge to consent, where it is impossible to contact me, to my child receiving medical or surgical treatment as may be deemed necessary. I consent to cover all related medical expenses.

Signed: ____________________________________________

[ Parent / Guardian ]

Name: ____________________________________________

[ Print Name ]

Emergency Contact Numbers on July 26th—27th, 2016.


2nd: Home: ______________________ Work: ____________________

1st emergency contact:

Name: ____________________________________________

Relationship to student: ____________________________________________

Contact Number: ____________________________________________

2nd emergency contact:

Name: ____________________________________________

Relationship to student: ____________________________________________

Contact number: ____________________________________________

Medicare Number: ____________________________________________

Ambulance Subscriber: Yes / No
SOVEREIGN HILL GRADE 5 CAMP – Final Payment
26/7/16 – 27/7/16

Student: ___________________________ Grade: ______

Final Payment due: Thursday 16th June 2016 $45

SOVEREIGN HILL GRADE 5 CAMP – 2nd Payment
26/7/16 – 27/7/16

Student: ___________________________ Grade: ______

2nd Payment due: Thursday 12th May 2016 $60

SOVEREIGN HILL GRADE 5 CAMP – 1st Payment
26/7/16 – 27/7/16

Student: ___________________________ Grade: ______

1st Payment due: Wednesday 23rd March 2016 $60

☐ I choose to use my CSEF as payment towards the cost of this camp.