



MODEL FARMS HIGH SCHOOL

"Achieving Personal Excellence Through Quality Teaching"

February 23, 2017

Dear Parent/Caregiver,

The school has organised an Excursion to Year 12 Formal – 2017 on Thursday 16th November 2017. The venue is **"This Garden Ballroom, Oatlands House"**.

Total Cost: \$125.00
Deposit: \$60.00 (non refundable)
Departure: 6.00 pm
Return: 11.00 pm

Additional Information: Please see attached Information

Payment Options:

1. Cash/Cheque or EFTPOS (at school office between 8.15am and 3.00pm) or via phone.
2. **Parent Online Payment (POP). Must be received by 6pm, Deposit (non-refundable 7th April**
3. **Balance 1st June.. Any payment made via POP after the close-off time will be refunded. Permission notes are due immediately after payment.**
 - Access via Model Farms High School website (<http://www.modelfarms-h.schools.nsw.edu.au>)
 - Follow the payment prompts completing all fields.
 - Use the Unique Reference Code for excursion/incursions shown below for this activity to ensure your payment is applied to the correct activity. Please enter into payment description.

YEAR 12 FORMAL – 2017

UNIQUE REFERENCE CODE - I090-537

The permission note and signed consent form for this activity should be returned to the Administration Office with payment.

The school has your child's special medical needs (emergency contact, doctor, special dietary needs including possible reaction to an inappropriate diet) on record. If there has been a change since the last excursion, please complete the details in the special needs section provided.

Yours faithfully

C Bennet
Principal

C Middleton
Formal Co-ordinator

PERMISSION NOTE
Year 12 Formal – 2017
Thursday 16th November 2017
Please return to the Administration office no later than
Deposit (non-refundable) 7th April 2017

Name of Student _____ Year _____

I do/do not consent to _____ participating in the excursion to Year 12 Formal – 2017 on Thursday 16th November 2017.

My son/daughter has the following special needs:

I have provided the school with details of any additional medical concerns.

The following medication needs to be administered during the excursion (include times, amount, any possible reactions to medication).

Signature of Parent/Caregiver _____ Date _____

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PAYMENT SLIP

Year 12 Formal – 2017 Thursday 16th November 2017 Deposit (non-refundable) 7th April, Balance 1st June.	I090-537 \$125.00 (Total) OR \$60.00 Deposit (non refundable)
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Name of Student _____ Year _____

CASH CHEQUE C/CARD POP RECEIPT NO: _____

PAYMENT BY MASTERCARD / VISA SLIP (Please circle the appropriate card)

Expiry Date Amount in figures _____

Name of Credit Card Holder (as shown on card)

Signature of Credit Card Holder _____