



**MERNDA PRIMARY SCHOOL**

**ACTIVITY PLANNER EXCURSIONS AND ACTIVITIES TERM 2 2018 – Year 4**


**Payment and permission is required by Friday 18<sup>th</sup> May 2018**

<b>EXCURSION OR ACTIVITY for Term 2 2018</b>	<b>COST</b>
☺ Excursion – Kinglake National Park and Toorourrong Reservoir – May 23 <sup>rd</sup>	\$15
☺ Athletics Day – Meadowglen Athletics Stadium – June 6 <sup>th</sup>	\$14
☺ Recorder purchase for Performing Arts	\$10
<b>TOTAL</b>	<b>\$39</b>

Cut along this line. Keep the top part as your reminder for the term’s activities and excursions and RETURN THE CONSENT FORM below to the school with payment by **Friday 18/5/2018. No late payments will be accepted.**

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I am paying by			
<input type="checkbox"/> <b>Cash</b>	<input type="checkbox"/> <b>Qkr</b>	<input type="checkbox"/> <b>Credit Card</b>	<input type="checkbox"/> <b>EFT</b>
Mernda Primary School- Credit Card Voucher		(Include deposit cost ?)	
Payment for (Name of Excursion) _____		Date: _____	
Student Name: _____		Year Level: _____ Grade: _____	
Please charge my: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		Amount: _____	
Card Number: _____		Expiry Date: __/__/__	
Name on Card: _____		Signature of Cardholder: _____	
		 <b>MERNDAPS</b>	
		Download Qkr on your mobile, type in <b>or scan the code</b> <b>MERNDA PS</b>	

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**TERM 2 EXCURSION AND ACTIVITIES 2018 For Year 4**

I give permission for.....in Grade ..... to attend the above activities and excursions. I authorise the teacher in charge of the excursion/incursion to consent where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary and to bear any costs involved.

**Parent Name**..... **Contact No**.....

**Parent Signature**:..... **Date**:.....

**Medical conditions/allergies**: .....