**Student Excursion 2024**

**Parental Consent Form – Bus Collection**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School name | | | **Darwin Languages Centre** | | | | | | | | | | | |
| DATES AND TIMES OF THE BUS COLLECTION | | | | | | | | | | | | | | |
| Times | | | Between 2:30 – 3:00pm | | | | Dates | | | | 05/02/24 – 11/12/24 | | | |
| Day of bus collection | | | Monday to Wednesday | | | | Frequency | | | | Ongoing during term time 2024 | | | |
| Cost of collection | | | $7.50 per week | | | | All bus fees will be calculated by the number of weeks each term, and parents will be invoiced at the start of each term. | | | | | | | |
| Student requirements: e.g. sun protection, running shoes | | | | | Sun hat, water bottle, shoes, sun protection and school bag and belongings. | | | | | | | | | |
| STUDENT DETAILS (to be completed by Parent/Guardian) | | | | | | | | | | | | | | |
| Please complete all details below and return to the front office.  Alternatively, please email to [dlc.nt@education.nt.gov.au](mailto:dlc.nt@education.nt.gov.au)  Failure to do so may result in your child being unable to be collected by the school bus. | | | | | | | | | | | | | | |
| Student’s family name |  | | | Student’s given name | | | |  | | | | | | |
| Student’s date of birth |  | | | Student’s gender | | | | **Male** | |  | | **Female** | |  |
| School for bus collection |  | | | Day of bus collection | | | |  | | | | | | |
| EMERGENCY CONTACT DETAILS | | | | | | | | | | | | | | |
| Parent/guardian’s name |  | | | Emergency contact name | | | |  | | | | | | |
| Relationship to student |  | | | Relationship to student | | | |  | | | | | | |
| Contact Number |  | | | Contact Number | | | |  | | | | | | |
| PURPOSE OF THE EXCURSION | | | | | | | | | | | | | | |
| **To collect student(s) from the agreed designated school, and to transport them in a private hire minibus under staff supervision to Darwin Languages Centre. Students will attend language classes from 4:00 - 6:00pm and be collected by a parent or guardian at 6:00pm. All bus supervisors currently hold a valid OCHRE card.** | | | | | | | | | | | | | | |
| **RISK ASSESSMENT**: A risk assessment has been prepared for these collections and is available upon request. | | | | | | | | | | | | | | |
| **Parental Consent**  Your attention is drawn to the following important points:   * Students are under the teacher’s/supervisor’s authority for the duration of the journey. A student may be returned home at the expense of the parent/caregiver if the teacher/supervisor considers that circumstances warrant such action. * Darwin Languages Centre has a duty of care for students engaged in school related activities under its direction or supervision. All reasonable steps will be taken to protect students against reasonably foreseeable risks of injury or harm. * Financial responsibility for medical and other costs incurred in emergency situations or where a decision is taken to return a student home, rests with the parent/guardian of the student. Parents may wish to take out additional insurance to cover such costs. * Liability for loss, theft or damage to student property is the responsibility of the parent/guardian of the student. * The parent/guardian is responsible for informing Darwin Languages Centre of any change in consent to their child being collected on the school bus. * Privacy Notice: The Department of Education collects the information on this form in accordance with the Excursions Policy, and may disclose this information to third parties in connection with this excursion. Failure to provide this information may result in your child being unable to be collected on the school bus. For further information, or to access the information you provide on this form please contact Darwin Languages Centre. | | | | | | | | | | | | | | |
| Permission is given to be collected on the school bus or in the school car | | | | | | | | **Yes** | | |  | | **No** |  |
| Permission is given for school staff to administer first aid if required | | | | | | | | **Yes** | | |  | | **No** |  |
| Permission is given to secure medical attention in case of illness/accident whilst on this excursion and I accept responsibility for any costs involved. | | | | | | | | **Yes** | | |  | | **No** |  |
| I agree to pay the excursion costs outlined above | | | | | | | | **Yes** | | |  | | **No** |  |
| If required, I agree to provide an approved child restraint/booster seat | | | | | | | | **Yes** | | |  | | **No** |  |
| Parent/guardian’s name | |  | | | | Date | |  | | | | | | |
| Parent/guardian’s signature | |  | | | | | | | | | | | | |
| **Please return the completed form to the front office – Darwin Languages Centre. Alternatively, please email to** [**dlc.nt@education.nt.gov.au**](mailto:dlc.nt@education.nt.gov.au)  **OFFICE USE ONLY** | | | | | | | | | | | | | | |
| Principal signature | | | A close up of a logo  Description automatically generated | | | | Date | |  | | | | | |