



## 2021 Year 7 Dreamworld Celebration Day

19/11/2021

Dear Parent / Guardian,

At the end of term, to celebrate the fantastic year of learning, growth and development of our Year 7s at Foxwell State Secondary College, we would like to reward students and recognise their hard work and determination throughout this year of transition. All Year 7 students are invited to a day of celebration with their teachers and peers for a day of fun at Dreamworld.

Students will have the option of organising own transport and/or using a school organised bus service. Park entry fees are reduced for school groups with tickets priced at \$38. If students have a valid pass already, they are more than welcome to use it on the day.

Parallel to this day will be an alternative program at school for those students not attending the Celebration day. Here students will be supervised on campus to complete classroom activities.

### Activity details:

- **Monday 6<sup>th</sup> December 2021.**
- Parents/guardians have the option of transporting their child to Dreamworld. Students will need to be at Dreamworld at 10.00 AM for check-in prior to park opening at 10.30 AM.
- Students who are opting to use the bus transport will attend a morning activity from 8.30 – 9.30 AM before being transported from FSSC to Dreamworld. Students will be returned to school by 3.00 PM.
- All students are to wear their full sports uniform, including their school hat, sunscreen and appropriate footwear.
- Students are encouraged to bring a water bottle, morning tea and lunch. Students can also purchase food and beverage at Dreamworld venues. Lockers for belongings are available at Dreamworld at additional cost to the venue. Teachers will not be responsible for minding personal belongings during the day
- Students are not permitted to bring other belongings and valuables on this day (eg. Phones and devices). A school phone is available for students to use throughout the day should they require it. No responsibility will be taken by Foxwell State Secondary College for loss of or damage to personal items.

If you wish for your child/student to participate in the activity, please complete the following consent form and return to Braiden Ruge, the Head of Year 7 by **3.00PM Friday 26<sup>th</sup> November (Week 8)**. Students who present on this day without permission or payment of park fees will participate in the alternate program on school grounds.

All families will receive an invoice via email for the cost of admission to Dreamworld. Payment can be made online by clicking the BPOINT link on the invoice that will be emailed to you. As the Finance window is now closed for the year, the **only method of payment is online via BPOINT**. Cash or EFTPOS will not be accepted. Please make payment using this method by **3.00PM Friday 26<sup>th</sup> November (Week 8)**.

Please feel free to contact the school via email with any further questions you may have to [bruge3@eq.edu.au](mailto:bruge3@eq.edu.au) . We are looking forward to this wonderful opportunity with our year 7 students

Kind regards,

**Kym Amor**  
Principal  
Foxwell State Secondary College

*Please complete the following consent form and return to Braiden Ruge, the Head of Year 7. Please keep this page for your information.*



## 2021 Year 7 Dreamworld Celebration Day – Permission and planning

Surname:		Firstname:		Class Group:	
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### Celebration Day Participation

My child will stay home on this day.	<input type="checkbox"/>
My child will attend the alternate program for this day.	<input type="checkbox"/>
My child will be attending the celebration day at Dreamworld. (Please complete below).	<input type="checkbox"/>

### AM Transport arrangements

I will be organising arrival to the venue by 10.00 AM. I understand no supervision of students will be available prior to 10.00AM.	<input type="checkbox"/>
My child will attend the AM activity from 8.30 – 9.30 and use AM bus service to the venue.	<input type="checkbox"/>

### PM Transport arrangements

I will be collecting my child from Dreamworld at 2.30 PM. I will ensure pick-up at 2.30 PM as I understand no supervision will be available to students after 3.00 PM.	<input type="checkbox"/>
My child will use the PM Bus service for return to FSSC by 3.00PM.	<input type="checkbox"/>

### Park entry

My child will be purchasing a ticket to the park for \$38.00	<input type="checkbox"/>
My child will be using a valid park pass for entry. (Please ensure validity for use on the 6.12.21).	<input type="checkbox"/>

### Day considerations

Please indicate any further information for consideration that may help support health and safety and enjoyment for students of the park and its attractions. eg. Fear of heights, motion sickness, medication requirements etc.

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**Privacy notice**

The Department of Education is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of, as applicable, s.426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cwlth).

The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.

**Activity risks and insurance**

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

**Consent**

By signing this form I agree that:

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the department does not have personal accident insurance cover for students/children.
- I give consent for my child, \_\_\_\_\_ to participate in the **Foxwell State Secondary College Year 7 Celebration Day activity on Monday 6<sup>th</sup> December, 2021.**
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school all relevant details of my child's medical or physical needs on registration /enrolment and where relevant have updated this information.

Parent/Carer's name: \_\_\_\_\_ (Please print)

Parent/Carer signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Additional medical information**

The school collected medical information about your child at registration/enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form.

**You may also wish to update/provide the following optional information\*:**

Name of child's medical practitioner: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Medicare No.: \_\_\_\_\_

Private Health Insurance Company (if applicable): \_\_\_\_\_ Membership No.: \_\_\_\_\_

\*If a registration/enrolment form for your child was completed or updated since October 2012 and these details have not changed, this information will already be recorded in OneSchool.

☐ I would like this additional information about my child's medical information to be recorded in OneSchool records.

