



INCURSION NOTE

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|-------------------------------------|--|---------------------------------|---------------------------------------|------|
| Incursion: | Mathematics Competition | | Maximum # of students: | 150 |
| Subject / Purpose: | To develop and enhance problem solving and numeracy skills | | Grade: | 7-12 |
| Venue: | School: Hall | Date | Thursday, 1 st August 2019 | |
| Departure time: | NA | Return time: | NA | |
| Students will depart from: | NA | Students will return to: | NA | |
| Travel/transport will be by: | NA | | | |
| Dress requirements: | School Uniform | | | |
| Cost: NON-refundable | \$6.00 | Payment due by: | 27 th June 2019 | |
| Supervising teacher/s: | H.Prasad & Maths Staff | | | |

Dear parent/carer,

We are pleased to inform you that our school will take part in the Commonwealth Bank sponsored Australian Mathematics Competition (AMC) this year. The AMC gives students external recognition of their achievements. All students receive a certificate showing their level of achievement and a detailed report showing how they went on each problem with comparative statistics. It is a great opportunity for your child to take part in this popular competition and gain some valuable experience.

Please note that there may be a maximum number of students who may attend this event (see above). The signed permission note must be returned to the front office with the correct money. We are unable to provide students with change. We strongly encourage your child to attend this activity, as it will be a positive and valuable learning experience.

Sonja Anderson
Principal
Date:

Ms. J.brahe
Head Teacher Maths

**Year 7-12 MATHEMATICS COMPETITION 2019
PERMISSION NOTE / MEDICAL INFORMATION**

I do / do not consent to my child _____ participating in an incursion to
Mathematics Competition on **Thursday, 1st August 2019**

I understand and agree to the requirements and arrangements as stated on the excursion note.

Special needs, allergies or medical condition/s that the school should be aware of:

Has the school been provided with an individual health plan or emergency response plan for this condition? **YES / NO**

I give / do not give permission for my child to receive medical treatment in case of emergency.

| | | |
|--------------|--------------|--------------------|
| Medicare No: | Expiry Date: | Card Reference No: |
|--------------|--------------|--------------------|

Parent/carer's signature: Date:
Parent/carer's email: Phone number:

Payment Method

() Cash () Cheque () Online payment

Online payment must be made at least 3 days before payment due date

Online payment receipt no.:
Date: ____ / ____ / ____

Online Payment Instructions:- Make a payment on GHS website

In the *Payments* option section, check *excursion* and enter payment description as: **Mathematics Competition**. Please note the **last day for online payments** will be **27/6/19**, before 6pm.

Payments after this date must be by cash/cheque/EFTPOS directly to the front office to ensure your child's place. Please hand in permission note with online receipt number to the front office.