



Engineering Expo- Grand Prix (24/03/2017)

Dear Parent/Guardian

An event, Engineering Expo- Grand Prix, has been planned for Friday, 24 March 2017. Gives a direct pathway to Engineering students and Industry and Enterprise students, by allowing them a chance to see the RMIT Exhibits on robotics and demonstrations by the top university students in Victoria.

Venue: Albert Park

Date/Time: Friday, 24 March 2017 (8:40 AM to 3:15 PM)

Dress Code: Full School Uniform

Transport: Coach to and from the venue

Staff member in charge: Mark EVANS

Cost: \$ 25.00, due by Thursday, 16 March 2017

Consent: Required, due by Thursday, 16 March 2017

Consent/Payment can be provided online through your school's parent portal (<http://lyndale-vic.compass.education>), or alternatively by returning the tear-off below to Bursar.

If eligible for CSEF funding consent form should be returned to the bursar's office.

Please retain top section for your records.

Lyndale Secondary College

Engineering Expo- Grand Prix (24/03/2017)



219072

Consent/Payment Form for Vishnu SIVAKUMAR (SIV0005) 09C

I give permission for Vishnu SIVAKUMAR to attend this event. Where the staff member in charge is unable to contact me, or where it is impracticable to contact me, I authorise the staff member in charge to 1) consent to any medical or surgical attention deemed necessary by a medical practitioner, and 2) administer such first-aid as the staff member in charge judges to be reasonably necessary. I understand that this is an official school event and that Vishnu SIVAKUMAR will adhere to the dress code, as outlined above, and behave in alignment with the school's code of conduct. I agree to meet any medical expenses and/or transport costs incurred in the event of sickness or injury. Further, I agree to meet any transport costs should my child be sent home as a result of misbehaviour or inappropriate conduct.

Details of allergies and/or medication currently being taken:

Emergency Phone Numbers:

Parent A Phone Number _____ Parent B Phone Number _____ Guardian Phone Number _____

Parent/guardian signature (consent/agreement): _____ Date: ____/____/____

Payment Method: Cash / Cheque / Credit Card Type: VISA / MasterCard

Card Number:

Expiry Date: / CVN: Amount: \$ 25.00

