



YEAR 10 BIOLOGY MELBOURNE ZOO EXCURSION (3/11/2017)

Dear Parent/Guardian

An event, YEAR 10 BIOLOGY MELBOURNE ZOO EXCURSION, has been planned for Friday, 3 November 2017. Students will participate in workshops directly linked to Genetics, Adaptation and Endangered Species and Human Impact. They will also complete an assignment at the Zoo based on their discussions in the class.

Venue: Melbourne Zoo Victoria**Date/Time:** Friday, 3 November 2017 (8:45 AM to 3:00 PM)**Dress Code:** Full School Uniform**Transport:** Chartered Bus**Staff member in charge:** Lyndon SHANE**Cost:** \$ 25.00, due by Friday, 27 October 2017**Consent:** Required, due by Friday, 27 October 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 Online/Bursar's Office.

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

Students meet outside Library in full school uniform with lunch, drink and writing equipment at 8.40am promptly. There may be an opportunity to purchase food from the canteen if time allows (no guarantee).

Please retain top section for your records.

Lyndale Secondary College

YEAR 10 BIOLOGY MELBOURNE ZOO EXCURSION (3/11/2017)



271670

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	Parent B	Guardian
Phone Number _____	Phone Number _____	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

Due 27/10/2017



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