



ALTONA GREEN PRIMARY SCHOOL

240 Victoria Street, Altona Meadows 3028

Student: _____ **Class:** _____ **Payment for:** _____

Amount: \$ _____ **Cash** **Cheque** **BPay** **CSEF Credit to be used**

Visa: (over \$20) **Mastercard:** (over \$20)

Card No: - - - **Expiry Date** /

CCV Number: **Cardholders Name:** _____ **Signature:** _____

I give permission for my child to attend the above excursion **YES** **NO**

I authorise the teacher in charge of the above excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical, dental or surgical treatment as may be deemed necessary.

Medicare Number: _____ **Signature of Parent:** _____ **Date:** _____