

# Italian Trip - 2021

9 August 2019

Dear Parents/Carers,



Thank you for showing interest in the 2021 College trip to Italy.

To confirm your child's intent to travel on the trip, you are required to pay a deposit.

After this, there will be a payment plan (outlined below) so that bookings and dates can be secured and paid for.

Payments are to be made through Client Services by cash, EFTPOS, credit card or cheque made payable to Meridan State College.

COST of Trip as of 9 August 2019	<b>\$5500*</b> Price quotes are based on 10 students attending. Adjustments will be made to the itinerary and costing when Europe 2021 season prices are available (April 2020)
Deposit Wednesday 4 September 2019	\$300
Wednesday 6 November 2019	\$400
<b>Wednesday 12 February 2020* no refund point</b>	<b>\$600</b>
Wednesday 18 March 2020	\$500
Wednesday 6 May 2020	\$500
<b>Wednesday 10 June 2020* no refund point</b>	<b>\$600</b>
Wednesday 29 July 2020	\$500
<b>Wednesday 9 September 2020* no refund point</b>	<b>\$600</b>
<b>Wednesday 7 October 2020* no refund point</b>	<b>\$500</b>
Wednesday 25 November 2020	\$500
Final payment Wednesday 3 February 2021	<b>\$500</b> (approx., will advise of final amount closer to date)

Please find attached three copies of the student code of conduct.

Return **two** to us, the other you may keep for your reference.

It is strongly advised that you discuss this code with your son/daughter seriously before you sign it and return it to Client Services with your payment.

Students are required to maintain an **effort/behaviour GPA of at least 3.5**. Failure to adhere to the code of conduct may result in your son/daughter being sent home from the trip early at your expense.

Please also find attached the medical information form which we ask you to complete and return to Client Services as soon as possible.

**We will ask you to update this information closer to the departure date.**

It is also suggested that if you don't have a passport, you start to organise documents to **apply for your Australian passport** and let us know your passport number as soon as you have this information, as we may need this information to make bookings.

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Australian citizens are not required to apply for a tourist visa.

An Australian passport is sufficient to gain entry to Italy for a period of less than three months.

You may even complete your passport application or renewal online, print it out and send it away with supporting documents.

The URL is listed below. Please be aware that passports are required to have an expiry of at least six months validity beyond the trip, if this is not the case you will need to apply for a renewal.  
<https://www.passports.gov.au/>

Yours sincerely,

A handwritten signature in black ink, appearing to be "Zoe Anderson".

Zoe Anderson  
HOD- Humanities and L.O.T.E

A handwritten signature in blue ink, appearing to be "Mark Seijbel".

Mark Seijbel  
Principal Secondary Campus

# Italian Trip - 2021



**RETURN PERMISSION SLIP, Code of Conduct 1 and 2 and deposit**  
**to Client Services by Wednesday 4 September 2019**

**CO-ORDINATOR:** Zoe Anderson                      **EVENT:** Italian Trip  
**DATE:** 28 March 2021 - 14 April 2021 (TBC)    **COST:** \$5500 (TBC)

I give permission for (student's name) \_\_\_\_\_ of class \_\_\_\_\_ to participate in the Italian Trip in 2021.

- ◇ I acknowledge that the Department of Education and Training does not have Personal Accident Insurance cover for students.
- ◇ Medical information has been updated on school records.

## Authority

- ◇ I hereby authorise the supervising teachers to obtain any medical or associated assistance which they deem to be necessary should any medical condition or accident occur.
- ◇ I agree to pay any medical expenses incurred on behalf of the above student which are not covered by my travel insurance.
- ◇ I further authorise qualified practitioners to perform surgery, administer anaesthetic and/or administer blood transfusions if such an eventuality should arise.
- ◇ I understand that, should such circumstances arise, the supervising teachers will endeavour to contact me by phone in the first instance.

Parent/Carer Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
*(Please print name)*

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please indicate the payment method you prefer by placing a ✓ in the box.

- Option 1:**
  - ◆ Deposit of \$300 by Wednesday 4 September 2019
  - ◆ Payment (\$2700.00) by Wednesday 10 June 2020
  - ◆ Payment ( \$2500.00) by Wednesday 7 October 2020
- Option 2:** I wish to complete payments by instalments.

Deposit Wednesday 4 September 2019	\$300
Wednesday 6 November 2019	\$400
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Wednesday 18 March 2020	\$500
Wednesday 6 May 2020	\$500
<b>Wednesday 10 June 2020* no refund point</b>	\$600
Wednesday 29 July 2020	\$500
<b>Wednesday 9 September 2020* no refund point</b>	\$600
<b>Wednesday 7 October 2020* no refund point</b>	\$500
Wednesday 25 November 2020	\$500
Final payment Wednesday 3 February 2021	\$500 (approx., will advise of final amount closer to date)

If a parent/carer wishes to apply for a refund due to their child's non-participation in an excursion or camp activity, they may do so by completing a **Request for Refund Form** available from the Client Services office.

Please note the no refund points. Any request for refund after the above stated date will not be able to be granted. Please check your insurance policy for possible refund avenues.

# Italian Trip - 2021



## MERIDAN STATE COLLEGE ITALIAN TRIP

### 1. CODE OF CONDUCT (College Copy)

Students must at all times understand they are ambassadors of Meridan State College. A high standard of behaviour and self discipline is expected at all times.

**FAILURE TO ACKNOWLEDGE AND OBEY THE FOLLOWING REGULATIONS MAY RESULT IN THE STUDENT BEING SENT HOME PRIOR TO THE COMPLETION OF THE TOUR AT THE PARENT'S EXPENSE.**

Students are expected to:

1. Follow all directions of and respect the position of teachers in charge of the group.
2. Act responsibly at all times whether with the entire group or separated from supervision.
3. Understand and respect cultural and social differences, and behave with sensitivity and due consideration for others.
4. Follow ALL regulations and codes specified by the places of accommodation.
5. Maintain a suitable standard of dress.

Students will **NOT** undertake the following (non-exclusive) activities:

1. Acquire alcohol or cigarettes, including purchase of duty-free.
2. Drink alcoholic beverages, whether in public or private.
3. Use or supply drugs (unless medically supervised).
4. Smoke
5. Souvenir or appropriate any property which is not their own or commit any other law breaking offences.
6. Leave their place of accommodation without permission from teachers.
7. Venture off on their own.
8. Use objectionable or obscene language.
9. Engage in any activity likely to compromise or endanger the students or likely to jeopardise the standing and reputation of Meridan State College.

### HOMESTAY BEHAVIOUR

1. Make own bed and help with household chores.
2. Be courteous and show appreciation to hosts.
3. Ask permission to use the phone. Pay for phone calls, preferably by reverse charges or phone card.
4. Do not leave homestay family's house without the permission of the family. Advise your homestay family of your whereabouts. If delayed unexpectedly, telephone them.
5. Respect the wishes, rules and routine of your homestay family.
6. Do not borrow money.
7. Be punctual.

I have read and understood this Code of Conduct and agree to abide by it:

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Italian Trip - 2021



## MERIDAN STATE COLLEGE ITALIAN TRIP

### 2. CODE OF CONDUCT (College Copy)

Students must at all times understand they are ambassadors of Meridan State College. A high standard of behaviour and self discipline is expected at all times.

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Students are expected to:

1. Follow all directions of and respect the position of teachers in charge of the group.
2. Act responsibly at all times whether with the entire group or separated from supervision.
3. Understand and respect cultural and social differences, and behave with sensitivity and due consideration for others.
4. Follow ALL regulations and codes specified by the places of accommodation.
5. Maintain a suitable standard of dress.

Students will **NOT** undertake the following (non-exclusive) activities:

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2. Drink alcoholic beverages, whether in public or private.
3. Use or supply drugs (unless medically supervised).
4. Smoke
5. Souvenir or appropriate any property which is not their own or commit any other law breaking offences.
6. Leave their place of accommodation without permission from teachers.
7. Venture off on their own.
8. Use objectionable or obscene language.
9. Engage in any activity likely to compromise or endanger the students or likely to jeopardise the standing and reputation of Meridan State College.

### HOMESTAY BEHAVIOUR

1. Make own bed and help with household chores.
2. Be courteous and show appreciation to hosts.
3. Ask permission to use the phone. Pay for phone calls, preferably by reverse charges or phone card.
4. Do not leave homestay family's house without the permission of the family. Advise your homestay family of your whereabouts. If delayed unexpectedly, telephone them.
5. Respect the wishes, rules and routine of your home-stay family.
6. Do not borrow money.
7. Be punctual.

I have read and understood this Code of Conduct and agree to abide by it:

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Italian Trip - 2021



## MERIDAN STATE COLLEGE ITALIAN TRIP

### CODE OF CONDUCT (Student copy)

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**FAILURE TO ACKNOWLEDGE AND OBEY THE FOLLOWING REGULATIONS MAY RESULT IN THE STUDENT BEING SENT HOME PRIOR TO THE COMPLETION OF THE TOUR AT THE PARENT'S EXPENSE.**

Students are expected to:

6. Follow all directions of and respect the position of teachers in charge of the group.
7. Act responsibly at all times whether with the entire group or separated from supervision.
8. Understand and respect cultural and social differences, and behave with sensitivity and due consideration for others.
9. Follow ALL regulations and codes specified by the places of accommodation.
10. Maintain a suitable standard of dress.

Students will **NOT** undertake the following (non-exclusive) activities:

10. Acquire alcohol or cigarettes, including purchase of duty-free.
11. Drink alcoholic beverages, whether in public or private.
12. Use or supply drugs (unless medically supervised).
13. Smoke
14. Souvenir or appropriate any property which is not their own or commit any other law breaking offences.
15. Leave their place of accommodation without permission from teachers.
16. Venture off on their own.
17. Use objectionable or obscene language.
18. Engage in any activity likely to compromise or endanger the students or likely to jeopardise the standing and reputation of Meridan State College.

### HOMESTAY BEHAVIOUR

8. Make own bed and help with household chores.
9. Be courteous and show appreciation to hosts.
10. Ask permission to use the phone. Pay for phone calls, preferably by reverse charges or phone card.
11. Do not leave homestay family's house without the permission of the family. Advise your homestay family of your whereabouts. If delayed unexpectedly, telephone them.
12. Respect the wishes, rules and routine of your homestay family.
13. Do not borrow money.
14. Be punctual.

I have read and understood this Code of Conduct and agree to abide by it:

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Italian Trip - 2021

MERIDAN STATE COLLEGE ITALIAN TRIP  
Student Medical Information



**To be completed by parent/carer of students participating in 2021 Italian Trip.  
Please return to Client Services by Wednesday 4 September 2019.**

Student's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Parent/Carer: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ QLD Post code \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work 1: \_\_\_\_\_ Work 2: \_\_\_\_\_

Emergency Contact if you are unavailable: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you in a Medical Insurance Fund?  Yes, Name of Fund: \_\_\_\_\_  No

Please provide Medicare number: \_\_\_\_\_

**NOTE:** in the event of serious injury /medical condition, your child will be transported to the nearest centre by ambulance.

PLEASE COMPLETE THE FOLLOWING INFORMATION:			
Tetanus Booster	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Heart Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Respiratory Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please request an <i>Asthma Medication Permission Form</i> from your child's teacher
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Allergies e.g. Food, analgesics, penicillin etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sugar Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recent Operation, Illness or broken bone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Phobias	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Others (please list)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Medical: I certify that to the best of my knowledge my child has not been in contact with any infectious disease for the past four(4) weeks and that the/she is not suffering from scabies, impetigo, or other ailments that are likely to be detrimental to members of the trip.

I hereby authorise the Principal, or her representative to obtain such medical attention as may be deemed necessary and I understand that I am responsible for any cost involved. I further authorise qualified practitioners to administer anaesthetic and blood transfusion should the necessity arise.

Name of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_

# Italian Trip - 2021

## MERIDAN STATE COLLEGE ITALIAN TRIP



### Supplementary Asthma Questionnaire

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

You have indicated on your enrolment form that your child has a history of Asthma. Please assist us in providing the following information regarding their condition. It is important that you discuss your child's special needs with the class teacher, in addition to completing this form.

**THIS FORM IS TO BE REVIEWED ANNUALLY OR ASAP IF THERE ARE ANY CHANGES.**

How does asthma affect your child:

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Please provide the name and contact details of their Medical Practitioner:

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Does your child have a current written asthma management plan?  Yes  No

If yes, please provide a summary of the plan for our records.

If not, please ask your doctor for a written plan to assist us in the event of an asthma attack.

Is your child taking daily medication?  Yes  No

If yes, what is taken? \_\_\_\_\_

Has your child been hospitalised as a result of their asthma?  Yes  No

If yes, when and where was the last hospitalisation?

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If your child has an asthma attack, how do you manage this at home?

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How would you like us to manage this at school?

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### PRIVATE & CONFIDENTIAL

**An ambulance will be called should your child have a significant asthma attack.**

**At this time we will attempt to contact you ASAP.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Alternative emergency contact:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

This information is confidential and will only be used if necessary for the medical care of your child. Should your contact details change, please advise us **immediately**.

Print Your Name: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Further Information:

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