

Tuesday, 02 June 2020

Notice of Cancellation - Year 6 Camp

Dear Parents/Caregivers,

In close consultation with the Department of Education (DOE) surrounding the current COVID-19 Pandemic and the restrictions in place for camps/excursions, to ensure the health and safety of our staff and students we have no choice but to cancel the Year 6 camp scheduled to take place in Sydney in Week 3 Term 3 2020.

Whilst following the DOE guidelines, we understand that it is an unfortunate but necessary step to safe guard our students, staff and greater community. We appreciate your understanding in this matter.

At this time we will not be rescheduling a camp for 2020. We have already lost \$3395.50 of deposits and do not want to risk losing that/another amount by rescheduling due to current uncertainty.

The school will incur all deposits lost. Families will receive full refunds.

Attached to this letter is a refund request form. Please complete your details and have your child return the claim form to the Merimbula Public School office in order for your reimbursement to be processed.

Please note the following:

- Refunds will only be made via bank transfer and to the individual who made the payment;
- Refunds will take approximately 4-6 weeks once processed to appear in the nominated account.

If you have any questions please call the office on 6495 1266.

Kind Regards

Michelle Hulme Principal











	7. STUDENT REF	UND APPLICA	ATION (SCHOOL)	
<u>Please Note:</u> refund ca	in only be made to the person	who made the orig	inal payment :	
Name of person requesting I	refund:			
Student's First Name:		Student's Surnam	e:	
Class:				
Payment for:				
Date of Payment:				
Reason for Refund:				
Refund Method				
	EFT Please provide banking of	details in space provi	ded	
BANKING DETAILS (EFT)				
Account Name:			Account No:	
Bank:				
Student/Parent Ad	dress:			
			Post Code	State
		OFFICE USE ONLY		
		AUTHORISATION Name of \$12 Delega		
As required by S12 / S13 of the PF Clause 170.01 of the Treasurer's D	F&A Act, and in accordance with Directions, \$12 (MO23) approval for	Name of 312 Delega	ite:	
this expenditure has been given b	hy	Signature:		
_	ed myself that this expenditure has b			
with Section 13 of the Public Final		of the Treasurer's Direct	ions, I hereby authorise payment	t of the attached accounts in accordance
S13 Authorising Officer posit	tion number:		Date:	
Officer's Name and Signatur	·e:			
DDOCECCED DV				
PROCESSED BY				
Name: Payment Method	Completed	Date	Completed	Date
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	Signature_			



