



ACACIA RIDGE STATE SCHOOL Extra-Curricular Activity Planner

THIS SUBMISSION IS TO BE USED FOR ANY LEARNING EXPERIENCE BEYOND THE CLASSROOM OR FOR ANY LEARNING EXPERIENCE THAT EXTENDS FOR LONGER THAN HALF A DAY. THIS SUBMISSION MUST BE COMPLETED IN FULL AND SUBMITTED TO THE PRINCIPAL AT THE BEGINNING OF EACH TERM.

Teacher's Name/s: _____ Class/es: _____ Date Submitted: _____

Name of Activity: _____ Venue/Location: _____

Venue Address and Phone No.: _____

Teacher's Mobile/Contact No.: _____

Please indicate what *type of learning experience* is being planned:

Curriculum
Sporting
Other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

What are the proposed *learning outcomes* for this activity:

<ul style="list-style-type: none">•••

What is the *timeline* associated with this activity:

Depart School: ___ / ___ / 20___ _____ am/pm

Return to School: ___ / ___ / 20___ _____ am/pm

What is the mode of *transport*:

Bus

Walking

Boat

Private Vehicle (driver has licence, CTP insurance and a seat belt for each passenger)

Train

Other: _____

List the **students participating** in this activity:

BOYS	GIRLS
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20

(Attach additional list if more space is required)

TOTAL NUMBER OF STUDENTS ATTENDING: _____

Students with Disabilities and special Medical or Dietary requirements:

Student's Name:	SEU Case Manager (if applicable):	Special Considerations:

List ALL accompanying adults including ALL staff:

Staff	Parents/Volunteers (Blue Card Only)

RATIO OF SUPERVISION:

Tick **equipment or belongings** being taken/required:

Hat		Shoes		School Uniform	
Sunscreen		First Aid Kit		Roll	
Student and Adult Medical Information		Sports Equipment		Esky and Ice	
Camera		Insect Repellent		Bedding	
Shelter (ie.tent)		Additional Clothing		Utensils	
Toiletries		Towel		Extra Money	
Bag		Additional Food		Other:	
Other:		Other:		Other:	

Meal Arrangements for Activity Participants:

Arrangements for Non-participating Students:

Costing Details:

Transport: \$
 Accommodation: \$
 Entry Fees: \$
 Food: \$
 Other: \$ (Details: _____)

TOTAL COST: \$ _____

Subsidies identified &/or received:

Allocated School Funds: \$
 Allocated P&C Funds: \$
 Fundraising: \$
 Other: \$ (Details: _____)

TOTAL SUBSIDY: \$ _____

TOTAL AMOUNT REQUIRED FOR ACTIVITY: \$ _____

TOTAL COST PER STUDENT: \$ _____

DATE NOMINATED AS DEADLINE FOR FULL PAYMENT: _____

Teacher Signature/s: _____

Principal Approval/Signature: _____

Checked by Registrar for Costing Approval (ie. GST): _____