

"The place to be educated for the future"

Excursion Name: Australian Walkabout Wildlife Park – Yr 1 Excursion Date: 11.06.2019

Dear Parents and Carers,

This excursion is linked to Year 1 students' Geography unit on Australia and they will be studying the program "Spikes, scales, feathers and fur".

| Date: | Tuesday, 11 th June 2019 |
|----------------------|---|
| Venue: | Australian Walkabout Wildlife Park |
| Travel Arrangements: | Bus from school to venue and return |
| Departure Time: | Arrive at school before 8.45am, the bus(es) will depart at 9.15am. |
| Return Time: | 2:55pm ** Parents will be advised by the School App if students will be late. |
| Uniform: | Sports uniform and hat |
| Meals: | Students will need to bring their own recess, lunch and drink in a small backpack. |
| Cost: | The cost for the excursion has been included in the school fees for Semester One. If you have not yet paid the school fees, the cost for the excursion will be \$30 to cover the bus and museum entry . Payment is due by Monday, 3 rd June 2019. |
| | Preferred payment method is POP (Parent Online Payment – see School Website) otherwise, please send a cheque or cash in a clearly marked envelope, forwarded to the office. |

To assist in our organisation, we ask that you read the accompanying permission note carefully and complete all relevant sections, **returning the permission note to the class teacher by 03/06/2019**.

All teachers on the excursion are emergency care and CPR trained.

Cathy Southwell & Angela Dayhew Teachers

Carrie Robertson Principal



EVENT PERMISSION FORM & PAYMENT DETAILS

Payment and permission form due no later than 03/06/2019

| Excursion: Au | stralian Walkabout Wildlife Park – | Yr 1 | Date: | 11.06.2019 |
|--|--|---------------------|-----------------|------------------------------|
| Student Name: | | | Class: | |
| Amount: | \$30.00 | | | |
| We recommend 'Make a Payme | d payment by Parent Online Payment (F e <i>nt'</i> button | POP) refer to th | e school we | bsite and click on the |
| Contact deI will notify | agree to the following: tails and medical information held by the the school in writing of any changes in o of all excursion travel arrangements, u | ontact details a | and/or medio | |
| | | | | |
| child, named al | pove, to | | | |
| Signed: | | Date: | | - |
| Parent/Carer co | ontact number on the day: | | | |
| I would like the | following medication information known | : | | |
| | | | | |
| Parent Onlir | ne Payment – Date: <u>/ /2019</u> | Receipt # | | |
| | ct amount please) | | | e to Warrawee Public School) |
| Credit card payme | nts can no longer be accepted in the written form ompliant with compliance with Payment Card Ind | due to security ris | ks. It is now c | ompulsory for all Australian |

