

"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

