

## "The place to be educated for the future"

Excursion Name: Australian Walkabout Wildlife Park – Yr 2 Ex	xcursion Date:	06.06.2019
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Dear Parents and Carers,

This excursion is linked to Year 2 students' Geography unit on Australia and they will be studying the program "Spikes, scales, feathers and fur".

Date:	Thursday, 6 <sup>th</sup> 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 <b>cost for the excursion will be \$30 to cover the bus and museum entry</b> . Payment is due by Monday, 27 <sup>th</sup> May 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 27/05/2019.

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 27/05/2019

Excursion: A	Australian Walkabout Wildlife Park –	Yr 2	Date:	06.06.2019
Student Nan	ne:		Class: _	
Amount:	\$30.00			
	end payment by Parent Online Payment (F vment' button	POP) refer to th	ne school w	ebsite and click on the
<ul><li>Contact</li><li>I will not</li></ul>	g, I agree to the following: details and medical information held by the ify the school in writing of any changes in c are of all excursion travel arrangements, ur	contact details	and/or med	
l,		(Parent/C	Carer name)	give permission for my
child, named	d above, to			
				on// 2019.
Signed:		Date:		
Parent/Care	r contact number on the day:			
l would like t	the following medication information known	1:		
				_
□ Parent O	nline Payment – Date: // /2019	Receipt # _		
	rrect amount please)			ole to Warrawee Public Sc
Credit card nav	ments can no longer he accented in the written form	due to security ri	eke Itie nou	compulsory for all Australian

Credit card payments can no longer be accepted in the written form due to security risks. It is now compulsory for all Australian businesses to be compliant with compliance with Payment Card Industry Data Security Standards (PCI-DSS).

