



Excursion Notice 2018

Dear Parents,

An excursion for the Foundation students has been arranged to **Healesville Sanctuary**. Students will be involved with the 'Aussie Animal Adventurers' program as part of their Australian Animals Inquiry Unit in Term 4.

Date: Friday 9th of November

Departure time: 8.30am sharp **Return time:** approximately 3.00 pm

They will be travelling by bus.

Reminders for the day:

- Students must be at school by **8.15am** to ensure we leave at 8.30am sharp.
- Students must wear their complete school uniform.
- Students bring items in a **small labelled plastic bag or a small labelled backpack**. Including a **water bottle**. No lunchboxes. Student will be required to carry their belongings throughout the day.
- Please ensure your child has weather appropriate clothes and shoes, and must have their **hat**.

Please ensure all your child's belongings are labelled.

Please complete the attached **permission forms** and return to school by **Friday 2nd of November**.

The cost of this excursion is: \$36.00

Payment method (circle): CASH CSEF

Staff attending T. Agius, L. Ludvik, A. Waterson, P. Marco and C.Pearce



Year Foundation EXCURSION TO Healesville Sanctuary: Date: Friday the 2nd of November.

Excursion Copy

Child's Name: _____ **Grade:** _____

I give permission for my child to attend the above excursion. In the event of illness or injury to my child whilst at school, on an excursion or traveling to or from school, I authorize a staff member in charge of my child, where it is impracticable to communicate with me, to consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner.

Name: _____ **Signed (Parent /guardian):** _____ **Date:** _____

My emergency mobile phone contact on the day is: _____



Year Foundation EXCURSION TO Healesville Sanctuary: Date: Friday the 2nd of November.

School Copy

Child's Name.....**Grade**.....

I give permission for my child to attend the above excursion. In the event of illness or injury to my child whilst at school, on an excursion or traveling to or from school, I authorize a staff member in charge of my child, where it is impracticable to communicate with me, to consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner.

Name: _____ **Signed (Parent /guardian)** _____ **Date** _____

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