WILLIAM RUTHVEN PRIMARY SCHOOL

Creating happy, curious and confident learners

Excursion Notice –Year 3/4 WRPS *2019*

Dear Parents/Guardians,

An excursion for the Year 3/4 students has been arranged to the Melbourne Aquarium. Students will be involved in a guided tour of the aquarium that will relate to their inquiry topic of Water and Conservation.

Date: Wednesday 22nd May 2019 **Departure time:** 9:00am **Return time:** 3:00pm **They will be travelling by** Public Transport (train)

Reminders for the day:

- Students must wear their complete school uniform including hat.
- Students bring play-lunch, lunch with nude food encouraged. Any waste will be returned in students' lunch boxes. Drink bottles filled with water. (No glass or cans please.)
- Students bring items in a small light backpack.
- Please ensure all your child's belongings are named.

Please complete the attached **permission forms** and return to school by **10th of May.** The cost of this excursion is $19 **OR** CSEF may go towards total or partial payment of the excursion.

Staff attending: Catherine Pickford, Tara Alexander Bethke and Erika Bennet (additional staff TBC).

✂

Year 3/4 **EXCURSION TO**: Melbourne Aquarium **Date:** 22nd of May

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 3/4 **EXCURSION TO**: Melbourne Aquarium **Date:** 22nd of May

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**_________

My emergency mobile phone contact on the day is ____