Dear Parents,

To enhance our classroom studies on ‘Observing the Sun and the Moon’ an excursion to ‘Scienceworks’ is planned for Thursday 12th March 2015. We will travel by bus and leave school at 9:00am and return by 3.30pm. The children are expected to wear full school uniform and arrive by 8.45am. They will need to bring morning tea and lunch packed in separate disposable bags. If wet weather threatens a waterproof rain jacket is required. Ensure that if asthma medication is required, (i.e. inhaler etc.) that it is brought on the day.

The cost of the excursion has been covered by your payment of the Pupil Requisites and Educational Items, which needs to be paid by Tuesday 10th March.

Please return the signed permission slip to school no later than Tuesday 10th March 2015.

Yours faithfully

Jodie Nield
Annabelle Sizeland
Kathy Skantzos
Gayle Cope

(Year Three Team)

(Teachers)

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WATTLE PARK PRIMARY SCHOOL EXCURSION PERMISSION
(Scienceworks/Planetarium Thursday 12th March 2015)

Please complete and return to the Class Teacher by Tuesday 10th March 2015.

I hereby give permission for my child __________________________ in Class __________ to attend the excursion to Scienceworks on 12th March 2015.

In the event of accident or illness, I authorise the teacher-in-charge of this excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

I wish to be considered as a Parent Assistant for this activity (please tick)

SIGNATURE: __________________________ DATE: __________

(parent/guardian)

EMERGENCY CONTACT INFORMATION FOR (Thursday 12th March 2015)

CONTACT NAME 1: __________________________
Phone No, during day of excursion. __________________________

CONTACT NAME 2: __________________________
Phone No, during day of excursion. __________________________

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WATTLE PARK PRIMARY SCHOOL EXCURSION PERMISSION
(Scienceworks/Planetarium Thursday 12th March 2015)

Please complete and return to the Class Teacher by Tuesday 10th March 2015.

I hereby give permission for my child __________________________ in Class __________ to attend the excursion to Scienceworks on 12th March 2015.

In the event of accident or illness, I authorise the teacher-in-charge of this excursion to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

I wish to be considered as a Parent Assistant for this activity (please tick)

SIGNATURE: __________________________ DATE: __________

(parent/guardian)

EMERGENCY CONTACT INFORMATION FOR (Thursday 12th March 2015)

CONTACT NAME 1: __________________________
Phone No, during day of excursion. __________________________

CONTACT NAME 2: __________________________
Phone No, during day of excursion. __________________________