



GRADE 3 CERES EXCURSION- INDONESIA PROGRAM
TUESDAY, 17TH OCTOBER, 2017

Dear Parents,

On Tuesday, 17th October, Grade 3 students are going to CERES Community Environment Park in Brunswick as part of our Integrated Unit on Indonesia. The students will have an opportunity to participate in hands-on programs including Batik Making, Indonesian Dance, Village Life and Wayang and Angklung.

We will be **leaving school at 8.30am and returning by 3.45pm**. The cost of the excursion is **\$33.00**, which is covered by the excursion levy. Please return the form below, together with payment (if applicable) by Tuesday, 10th October. Students need to arrive by 8.00am for an 8.30am departure. Please note, no late forms or money can be accepted.

CERES works on a RETHINK – REDUCE – REUSE - RECYCLE policy and encourages students to assist positively towards environmental sustainability.

The students are requested to bring:

- Snack and Lunch - Please try to bring a rubbish free lunch. Any rubbish that is brought to CERES should be taken home and disposed of in an environmentally friendly manner.
- Drinks – please bring a refillable drink bottle.

We also require two parents from each class to help supervise on this day. If you are interested could you please indicate on the slip below.

Thanks for your assistance,

Grade 3 Teachers

MICHELLE POLLEY, KAREN MORCOMBE, CHRISTIE BROWN AND MARK POWELL

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GRADE 3 CERES EXCURSION – TUESDAY, 17TH OCTOBER, 2017
Permission form and payment due by Tuesday, 10th October.
(Please note no late payments or forms can be accepted)

I give my consent for of Grade to participate in the excursion to CERES, Brunswick.

- I enclose \$33.00 for full payment.
- I have paid the incursion/excursion levy.
- I am able to attend and assist with supervision.

I authorise the teacher in charge 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 accept all operation, blood transfusions, and/or anaesthetic risks involved, and the responsibility for payment of any expenses thus incurred.

Name and phone no. during the day: ☎:

Parent/Guardian's signature:

Medical Condition details:	
Please tick if your child suffers with the following Medical Conditions:-	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies (please specify)
<input type="checkbox"/> Other	

Credit Card Payment				Please charge my:	
Card Account No.				<input type="checkbox"/> Master Card	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Visa	
Expiry Date: <input type="text"/> / <input type="text"/>		Signature:.....		Amount: \$ 33.00	
Name		Telephone No.....			