



15th November, 2017

### Grade 4 End of Year Excursion Tuesday, 19<sup>th</sup> December, 2017

Dear Parents,

To celebrate the end of our school year, Grade 4 students will be visiting Gravity Zone for some trampoline fun. Students will need to bring along some socks with sticky bottoms. If your child does not have these socks they can purchase some on the day for \$2.50 or they can borrow some pre-used socks for free. You will also need to sign the waiver for Gravity Zone and return this along with the permission note.

After our activities at Gravity Zone we will travel by bus to Sofia's Restaurant, located on the foreshore, for a pizza and pasta lunch.

We will leave school at 9.30am and return at approximately 2.45pm.

This is a free dress excursion. Students should wear clothing appropriate for jumping and lots of activity ! They should bring along a small back pack containing a snack and drink in a non-breakable container. No other money is to be bought except the \$2.50 if they choose to buy socks.

The cost of this excursion will be \$36.00 and is covered by the excursion levy. This includes Gravity Zone entry, lunch and bus fare.

Please return the attached notice/permission form by Wednesday, 29<sup>th</sup> November, 2017 - **no money or forms can be accepted after this date and there can be no refunds given.**

Thank you,

GRADE 4 TEACHERS



### Grade 4 End of Year Excursion Tuesday, 19<sup>th</sup> December, 2017

**Please return by Wednesday, 29<sup>th</sup> November, 2017. No late forms or money can be accepted**

I give permission for my child ....., of Grade ..... to attend the excursion to the Gravity Zone and Sofia's Restaurant on Tuesday, 19<sup>th</sup> December, 2017.

- I have enclosed \$36.00 in the attached envelope
- I have paid the incursion/excursion levy.

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 transfusion and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.

Parent's/Guardian's Signature ..... Date .....

**Medical Condition details:**

Please tick if your child suffers with the following Medical Conditions:-

- Asthma
- Allergies (please specify) .....
- Other .....

**Credit Card Payment**

Card Account No.

--	--	--	--	--	--	--	--	--	--

Please charge my:

- Master Card
- Visa

Expiry Date:   /

Signature:.....

Name ..... Telephone No.....

**Amount: \$ 36.00**