

18th July, 2017



PREP EXCURSION - GOULD LEAGUE MOORABBIN

Wednesday, 16th August, 2017

Dear Parents/Guardians,

During this term the Preps are engaging in a unit based around the big idea: "How do my choices affect me and my environment?" As part of this unit, we will be attending an excursion at the Gould League Cheltenham, exploring "The 5R's – Treasures of the Earth".

The cost of the excursion is \$35.00. This is included in the excursion levy. Please note that no refunds can be given.

Students will need to be at school at 8:30 am so the bus can leave at 9:00 am. Ensure your son/daughter is dressed suitably in their school uniform, including inclement weather attire such as waterproof jackets if the weather forecast is for cold winds/showers. **We will be leaving the Gould League at approximately 2.15 pm and will arrive back for normal pick up time.**

The Gould League requests schools bring RUBBISH FREE lunches; they have a carry in, carry out policy. Therefore, where possible, please have your child bring nude food in their named school lunch boxes, along with a named drink bottle. Please ensure students and adults have enough food and drink for the day. There is no cafe/canteen on any program site.

Please return form and payment by Wednesday, 9th August, 2017. (No late forms or payments can be accepted).

PREP TEACHERS : SARAH MCGRATH, CARLY FORBES, FRANCES DE VALLE, DONNA WHEATLEY

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PREP EXCURSION - GOULD LEAGUE MOORABBIN ON WEDNESDAY, 16th AUGUST, 2017

Please return to your Classroom teacher by Wednesday, 9th August, 2017.

No late forms or payments can be accepted.

My child in Grade Prep has my permission to attend the Gould League, Moorabbin.

- I enclose \$ 35.00 for full payment of the Gould League
- I have paid the excursion levy
- I am able to assist on the Gould League Excursion on Wednesday, 16th August. 2017

(Please note: we are only able to take three helpers per grade and it will be necessary for you to have read, signed and returned the "Parent Helper and Volunteer Worker Agreement" to attend the excursion)

Medical Condition details:

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

- Asthma
- Allergies (please specify)
- Other

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.

Parent/Guardian's Name: Signature:

Contact telephone number for excursion day:

Credit Card Payment

Card Account No.

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Please charge my:

- Master Card
- Visa

Expiry Date: / Signature:.....

Amount: \$.....

Name Telephone No.....