



MELBOURNE MUSEUM & IMAX THEATRE

GRADE 1 – WEDNESDAY, 6th DECEMBER, 2017



10th November, 2017

Dear Parents,

As part of our unit of inquiry on “Minibeasts” this term, the children will be going on an excursion to the Melbourne Museum to investigate the wonderful world of minibeasts. They will also be going to a screening at the IMAX Theatre to watch a fantastic educational movie ‘Bugs – mighty micro monsters.’

The excursion is on Wednesday, 6th December and the bus will be departing school at 9:00am, students will meet in their classrooms at **8:30am** for roll call. We anticipate that we will be back to school around **3:30pm**. If we are running late due to traffic we will notify you with a FLEXIBUZZ update.

The cost will be – \$35.00. **Please note that this is covered by the excursion levy.**

Children will be asked to bring a snack and lunch in separate named bags to be put in trolleys, with a refillable water bottle. Due to allergies please make sure your child’s lunch does not include **any nuts**.

Please fill out the form below and return it to your teacher, together with payment (if you have not paid an excursion levy) **by Wednesday, 29th November, 2017**. Please note no late forms or payments can be received after this date and that there are no refunds as we need to prepay for numbers committed.

Parent helpers will be required to supervise and manage a small group, ensuring they stay directly with the children at all times during the day’s rotations.

Any parents making themselves available for this excursion would need to provide evidence of a current Working with Children’s Check. Information on how to apply is available at www.workingwithchildren.vic.gov.au.

Thanking you, Grade 1 Teachers

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WEDNESDAY, 6th DECEMBER, 2017

Payment and form due no later than Wednesday 29th November, 2017 (Late forms and payment cannot be accepted)

My child Grade..... has my permission to attend the above excursion.

I enclose \$35.00 for full payment

Please deduct \$35.00 from my 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 operations, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.

Name and phone number during the day: ☎:

I am able to assist on the excursion (depending on numbers not all volunteers will be able to assist)

Parent/Guardian’s signature..... Date:

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