

23rd November, 2020



# Grade 6 End of Year Excursion Thursday, 17<sup>th</sup> December, 2020

Dear Parents/Guardians,

We have managed to book a venue for an End of Year Excursion for the Grade 6 students.

## Gumbuya World – Thursday, 17<sup>th</sup> December, 2020

We are going to Gumbuya World! The students will spend the day at Gumbuya World exploring the Water, Wildlife and Theme Park. Students will be required to meet at school at 8:15am for an 8:30am departure. We will arrive back at school at roughly 3:30pm. We will update our return to school through Sentral.

Students may wear **casual dress with runners** and are asked to bring the following items on the day:

**Bathers, rash vest, towel, hat, sunscreen, underwear, change of clothes, water bottle, thongs, plastic bag for wet bathers, lunch and snack.**

It is the students chance to say goodbye to each other. It should be a fabulous second last day! The total cost is \$55.00 and is covered by the excursion levy. This covers buses and entry into the park to access the amazing facilities.

Please return the permission form by **Wednesday, 2<sup>nd</sup> December, 2020**. No money or forms can be accepted after this date and unfortunately no refunds can be given.

Thank you,

GRADE 6 TEACHERS

✂.....

## Grade 6 EOY Excursion

Gumbuya World – Thursday, 17<sup>th</sup> December, 2020

Please return by Wednesday, 2<sup>nd</sup> December, 2020 (No late forms or payments can be accepted)

I give permission for my child ..... of Grade ..... to attend the excursion to Gumbuya World on Thursday, 17<sup>th</sup> December, 2020.

- I have enclosed \$55.00 cash / cheque / credit card (please circle)
- 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 Name: ..... Date: .....

Parent's/Guardian's Signature: ..... Phone No. : .....

**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.                                   
 Expiry Date ...../.....      Signature.....  
 Name .....      Telephone No.....  
 Please charge my:  
 Master Card  
 Visa  
**Amount: \$.....**