



17<sup>th</sup> November, 2020

**GRADE 4 END OF YEAR EXCURSION  
WEDNESDAY, 16<sup>TH</sup> DECEMBER, 2020**

Dear Parents/Guardians,

Unfortunately we have had to cancel our Grade 4 camp, therefore to finish what has been a very challenging and uncertain year, our End of Year excursion will be a day camp to Phillip Island Adventure Resort. Students will depart school promptly at 7.30am and return to school at approximately 7.30pm. (If our return time varies, parents will be notified). During the day students will participate in a range of obstacles and activities including Flying Fox, Archery, Low Ropes Course, Boulder Wall and Giant Swing.

Students will travel by bus on the day and will be required to **wear comfortable casual clothes** and **bring their lunch, morning and afternoon snack and a drink in a named, container**. Students will also be required to bring a sunsmart **hat** and **sunscreen**. They will be able to bring a small backpack, bag or school bag to carry their lunch, snacks and belongings.

After spending time at the Phillip Island Adventure Resort, we will travel by bus to San Remo foreshore where the children will eat dinner and enjoy some free time on the adventure playground. We will return to school by 7.30 pm.

The excursion is **\$75.00** and is covered by the excursion levy. The permission form and money need to be returned to your classroom teacher by **Wednesday, 2<sup>nd</sup> December, 2020**. No late forms or money can be accepted and unfortunately no refunds given.

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WEDNESDAY, 16<sup>TH</sup> DECEMBER , 2020**

**Payment and permission forms due back by Wednesday, 2<sup>nd</sup> December, 2020  
(Please note that late payments and permission forms cannot be accepted)**

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

- I enclose \$75.00 for full payment
- Please deduct \$75.00 payment from my 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 operations, 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:-

Asthma  Allergies (please specify) .....

Other .....

**Credit Card Payment**

Card Account No.

Expiry Date ...../..... Signature.....

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

Please charge my:  Master Card  Visa

**Amount: \$.....**