



5J, 5H, 5G & 5S

End-of-Year Activity

Tuesday, 18th December, 2018



30th October, 2018

Dear Parents/Guardians,

Rather than an end of year party at school, our classes will be having a movie/picnic day.

On Tuesday, 18th December we are going to the Rosebud Cinemas to see a movie. We are trying to organise a premier viewing, but no guarantees. This will be followed by lunch at Mornington Park (weather permitting of course). The bus will leave school at 9.15 am and will return at 3.00 pm. Students are to wear school uniform and bring their own lunch and water bottle. There **may be a chance** for the children to buy a treat, **after lunch**, at the nearby shops (NOT AT THE CINEMAS). If they would like to bring **up to \$10:00** they may, this is totally optional. You're more than welcome to join us at the park if you would like to. ☺

The total cost for this excursion is \$20.00 and is covered by the excursion levy. This excursion is non-refundable and no late forms or payments will be accepted.

All monies and signed permission forms must be returned to school by **Wednesday, 28th November** so that the office can finalise its records for the year.

Thank you,

Javette Westlake, Jessica Holmes, Hayley Gregory and Brent Schuster
Grade 5 Teachers

✂ -----

GRADE 5 END OF YEAR EXCURSION - TUESDAY, 18th DECEMBER, 2018

(Please complete and return to school by **Wednesday, 28th November** -
 Late payments or permission forms will not be accepted)

My child of Grade has my permission to participate in the above excursion.

- I enclose \$ 20.00 payment
- I have the incursion/excursion levy
- I can assist on the excursion

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.

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:-	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies (please specify)
<input type="checkbox"/> Other	

Credit Card Payment			
Card Account No.	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
Expiry Date:	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>	Signature:.....	Please charge my: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa
Name	Telephone No.....	Amount: \$.....	