

Grade 3 and 4 End of Year Excursion Thursday, 13th December, 2018

Dear Parents/Guardians,

To celebrate the end of our school year, Grade 3 and 4 students will be visiting Gravity Zone for some exciting, bouncing fun! Students will be allowed entry into the laser tag zone, access to the trampolines and will be provided with their own pair of anti-slip Gravity Zone socks.

After our activities at Gravity Zone, Grade 3 and 4 will travel by bus to Ballam Park, Frankston to enjoy a picnic lunch together which they will bring from home.

Students will depart from school at 9:15am and return at approximately 2:45pm. Students will need to bring their school hat and wear a school uniform that is appropriate for jumping and lots of activity! They should bring along a small back-pack containing their morning snack, lunch and drink in a non-breakable container. No money will be needed on the day.

The cost of this excursion will be \$31.00, which will be covered by the excursion levy. This will include Gravity Zone entry, socks and transport between venues.

Please return the attached permission notice, waiver for Gravity Zone and money by Wednesday, 21st November. No money or forms can be accepted after this date and no refunds given.



Thank you and kind regards,
The Grade 3 and 4 Teachers.

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Grade 3 and 4 Excursion Gravity Zone/Ballam Park, Thursday, 13th December, 2018 (Please return by Wednesday, 21st November, 2018)

I give permission for my child,, of Grade, to attend the excursion to Gravity Zone and Ballam Park on Thursday, 13th December, 2018.

I have enclosed \$31.00 in the attached envelope as payment.

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 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.

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Please charge my:

- Master Card
 Visa

Expiry Date: / **Signature:**.....

Name Telephone No.....

Amount: \$.....