



SCIENCEWORKS PREP EXCURSION WEDNESDAY, 6TH JUNE, 2018



30th April, 2018

Dear Parents/Guardians,

This term the Preps are learning about the Earth Sciences - day and night, weather and seasons. We will be going to Scienceworks on Wednesday, 6th June, 2018 to observe the night sky at the planetarium and weather patterns in the lightning room.

The cost of the excursion is \$30.00. This is included in the excursion levy.

**Students will need to be at school for 8:15 am so the bus can leave at 8.30 am.
Please take your child to their classroom.**

We will be leaving Scienceworks at 2.00pm and will arrive back at 3:30pm.

Please ensure that your child is dressed in school uniform. They also require: PLAYLUNCH in a named disposable bag and LUNCH in a named disposable bag as well as 1 or 2 disposable drinks (no glass bottles please). **PLEASE DO NOT USE YOUR CHILD'S EVERYDAY LUNCHBOX AND DRINK BOTTLE.** Please also make sure your child has a named jumper.

Please return form and payment by Wednesday, 30th May, 2018.
(No late forms or payments can be accepted).

PREP TEACHERS

CARLY BURTON, FRANCES DE VALLE, SARAH MCGRATH, LINDA GOLDING

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SCIENCEWORKS EXCURSION – WEDNESDAY, 6TH JUNE, 2018

(Please return to your Classroom teacher by Wednesday, 30th May, 2018. **No late forms or payments can be accepted**)

My child in Grade Prep has my permission to attend Scienceworks on Wednesday, 6th June, 2018.

- I enclose \$30.00 for full payment of the Scienceworks excursion
- I have paid the excursion levy
- I am able to assist on the Scienceworks excursion on Wednesday, 6th June, 2018
(Please note: we are only able to take 3 helpers per grade and it will be necessary for you to have read, signed and returned the "Parent Helper and Volunteer Worker Agreement" to attend the excursion)

Medical Condition details:

Please tick if your child suffers with the following Medical Conditions:-

- Asthma
- Allergies (please specify)
- Other

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.

.....
Parent/Guardian's Name and Signature

.....
Contact telephone number for excursion day

Credit Card Payment

Card Account No.

[][][][][]	[][][][][]	[][][][][]	[][][][][]
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Please charge my:

- Master Card
- Visa

Expiry Date: [][] / [][] Signature:.....

Name Telephone No.....

Amount: \$.....