



WEST LEEDERVILLE
PRIMARY

Dear Parent/Guardian,

I am pleased to provide you with the following details regarding our excursion to visit the 'Duyfken' and Shipwrecks Museum on Thursday 30th August, 2018.

This excursion has been planned to supplement the History learning program in your son's/daughter's classroom.

Please retain this information and return the consent form (opposite) by Friday 24th August, 2018.

VENUE: Duyfken and Shipwrecks Museum , Fremantle

DATE: Thursday 30th August, 2018.

TIME: 10am to 3pm

TRANSPORT: Train and walking

COST: \$15

DRESS: Blue school uniform and hat. Wet weather gear if necessary. Closed in shoes.

ITEMS REQUIRED: Lunch in a recyclable bag.

SUPERVISION: Classroom teachers and volunteer parents.

NOTE:

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Costs incurred as a result of accident or illness are the responsibility of the parent/ guardian.

Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment for students. Should you have any queries, please do not hesitate to contact me/ the teacher in charge of the excursion on 9381 1655 or via email.

Ms Hawson & Mrs Stavretis

Classroom teachers:

Lisa Wade

Principal

DUYFKEN AND SHIPWRECK'S PAYMENT METHOD
Students from Year 3 Blue & White- \$15 per student

Child's name: _____ Teacher: _____

My child will be participating in the Duyfken' and Shipwrecks Museum Thursday 30th August, 2018 for the cost of \$15.

Please:-

Debit my child's school based account. (PLEASE ENSURE SUFFICIENT FUNDS).

I have paid by Direct Bank Deposit (BSB:036 044 Acct. No:123672
Ref:Student's name) Bank reference no: _____ Date: _____

I enclose \$ _____ (Please bring cash directly to the office. No change will be given. A credit will appear on your statement).

Credit card: Type _____ Card No. _____

Expiry date _____ Amount _____

Signature: _____ Date: _____
(Credit Card payments only accepted where cost exceeds \$15)

DUYFKEN AND SHIPWRECK'S EXCURSION CONSENT FORM

I have read and understood the information regarding the Duyfken' and Shipwrecks Museum Thursday 30th August, 2018 and give my consent for my son/daughter to attend.

Child's name: _____ Teacher: _____

Yes I am able to help: _____

Signature of parent/guardian _____ Date _____

RETURN TO CLASSROOM TEACHER BY Friday 24th August, 2018.