



WEST LEEDERVILLE
PRIMARY

Dear Parent/Guardian of Year 4 Blue, Year 4 Red and Year 3/4 McInerhoney,

I am pleased to provide you with the following details regarding our incursion:

LUKES BEES INCURSION on FRIDAY 19 OCTOBER 2018.

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

Please retain this information and return the consent form (opposite) by MONDAY 15/10/18

VENUE: School Hall

DATE: FRIDAY 19 OCTOBER 2018

TIME: 9am-10am

TRANSPORT: NA

COST: \$5

DRESS: NA

ITEMS
REQUIRED: NA

SUPERVISION: Miss Samsa, Mr Braimbridge, Mr McInerhoney

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.

Katie Samsa
Classroom teacher/s:

Lisa Wade
Principal

LUKES BEES INCURSION PAYMENT METHOD
Students from Year 4 Red, Year 4 Blue & Year 3/4- \$5 per student

Child's name: _____ Teacher: _____

My child will be participating in the Lukes Bees Incursion on Friday 19/10/18 for the cost of \$5.

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)

LUKES BEES INCURSION INCURSION CONSENT FORM

I have read and understood the information regarding LUKES BEES incursion on FRIDAY OCTOBER 19, 2018 and give my consent for my son/daughter to attend.

Child's name: _____ Teacher: _____

Signature of parent/guardian _____ Date _____

RETURN TO CLASSROOM TEACHER BY MONDAY 15 OCTOBER 2018