



WEST LEEDERVILLE
PRIMARY

Dear Parent/Guardian,

I am pleased to provide you with the following details regarding our four lesson program Bike Ed incursion with Let's Ride on 19 and 26 November and 3 and 10 December.

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

Please retain this information and return the consent form (opposite) by 9th November

VENUE: School

DATE: Four Monday sessions 19 and 26 November and 3 and 10 December

TIME: 9:05-10:35am Year 3 Red, Year 3-4
11:05-12:35am Year 3 Blue, Year 3-4

TRANSPORT: N/A

COST: \$17.00

DRESS: School Uniform

ITEMS OWNED BY CHILD: Own bicycle and helmet (optional) These will be supplied to each child

REQUIREMENTS: Class Teachers

SUPERVISION: Class Teachers

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 illnesses 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.

Name:
 Rachael Smith, Yvonne Greenway, Lisa Wade
 Natasha Stavretis, John McInerhoney, Principal

BIKE ED INCURSION TITLE PAYMENT METHOD
 Students from Year 3 Red, Year 3 Blue and Year 3-4 @ \$17 per student

Child's name: _____ Teacher: _____

My child will be participating in the Bike Ed program on 19-26/11 and 3-10/12 for the cost of \$17.00

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)

BIKE ED INCURSION CONSENT FORM

I have read and understood the information regarding the Bike Ed incursion on 19 and 26 November and 3 and 10 December and give my consent for my son/daughter to attend.

Child's name: _____ Teacher: _____

Signature of parent/guardian _____ Date _____

RETURN TO CLASSROOM TEACHER BY 9th November