



Dear Parent/Guardian,

I am pleased to provide you with the following details regarding our **Cyber-safety incursion** on Thursday 28th February 2019.

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 Monday 25th February.

VENUE: WLPS Heritage Hall

DATE: Thursday 28th February

TIME: Various sessions according to age/year level

TRANSPORT: Nil

COST: \$4.00

DRESS: Normal school attire

ITEMS REQUIRED: Nil

SUPERVISION: Classroom 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 illness are the responsibility of the parent/ guardian.

Name: Fiona Kelly
 Classroom teacher/s: Year 1-6 classroom teachers
 Principal

Student Edge Cyber-safety PAYMENT METHOD
 Students from Year 1-6 \$4:00 per student

Child's name: _____ Teacher: _____

My child will be participating in the cyber-safety session on Thursday 28th February for the cost of \$4:00.

Please:-

- Debit my child's school based account. (PLEASE ENSURE SUFFICIENT FUNDS).
- I enclose \$ _____ (Please bring cash directly to the office. No change will be given. A credit will appear on your statement).

Direct deposit and Credit Card payment is not available for costs under \$15.

The following options are available to top up your student based account. We recommend a deposit of \$100.

- BSB: 036 044
Account No: 123672
(use child's name & unallocated as reference).
- Telephone 9381 1655 or call in at the office.
- Cash/ Eftpos

Student Edge Cyber-safety INCURSION CONSENT FORM

I have read and understood the information regarding the Student Edge Cyber-safety incursion on Thursday 28th February 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 25th February