



WEST LEEDERVILLE  
PRIMARY

Dear Parent/Guardian,

I am pleased to provide you with the following details regarding our excursion to the Art Gallery of Western Australia on Thursday, 16<sup>th</sup> May, 2019.

This excursion has been planned to visit the Desert River Sea : Portraits of the Kimberley exhibition and will supplement the art learning program in your son's/daughter's classroom.

Please retain this information and return the consent form (opposite) by Wednesday, 15<sup>th</sup> May, 2019.

VENUE: Art Gallery of Western Australia

DATE: Thursday, 16<sup>th</sup> May, 2019

TIME: 9.30am to 12.30pm

TRANSPORT: Train

COST: No cost

DRESS: **Blue school uniform**, no faction shirts.

ITEMS REQUIRED: Hat, Clip board, pencil and eraser

SUPERVISION: Mrs Gorey, Mrs Bosward, Ms Hawson and Mrs Wade.

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.

Sally Gorey, Joanne Bosward &  
Pip Hawson  
Classroom teacher/s

Fiona Kelly  
Principal

ART GALLERY WA PAYMENT METHOD  
\$0 per student – Year 3 Blue and 3 White

Child's name: \_\_\_\_\_ Teacher: \_\_\_\_\_

My child will be participating in the Art Gallery excursion on Thursday, 16<sup>th</sup> May, 2019 for the cost of \$0

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)

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ART GALLERY WA EXCURSION CONSENT FORM

I have read and understood the information regarding the excursion to the Art Gallery of Western Australia on Thursday, 16<sup>th</sup> May, 2019 and give my consent

for \_\_\_\_\_ (name) to attend.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

RETURN TO CLASSROOM TEACHER BY Wednesday, 15<sup>th</sup> May, 2019..