



Dear Parent/Guardian,
 I am pleased to provide you with the following details regarding our incursion from Birds of Prey experience on Friday the 7th of June 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 Tuesday the 4th of June 2019.

VENUE: School hall
 DATE: Friday June 7th, 2019
 TIME: 9am- 9.45am
 9.45am-10.30am
 TRANSPORT: Nil
 COST: \$8.00
 DRESS: School uniform
 ITEMS REQUIRED: Nil
 SUPERVISION: Classroom Teachers and education assistants

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.

Jessika Schofield, Bianca Sussovich, Julie Ballantine and Jacqui McGinnity
 Fiona Kelly
 Principal

Birds of Prey PAYMENT METHOD
 Students from Pre-primary \$8 per student

Child's name: _____ Teacher: _____

My child will be participating in the Birds of Prey on 7/6/19 for the cost of \$8.00

Please:-

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

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

Direct bank deposit Visa payment Cash/ Eftpos

BSB: 036 044
 Account No: 123672
 (use child's name & unallocated as reference).

Telephone 9381 1655 or call in at the office.

Direct deposit and Credit Card payment is not available for costs under \$20.

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

Birds of Prey Experience CONSENT FORM Pre-primary

I have read and understood the information regarding the Birds of Prey on June 7th, 2019 and give my consent for _____ (name) to attend.

Signature of parent/guardian _____ Date _____

RETURN TO CLASSROOM TEACHER BY June 4th, 2019