



WEST LEEDERVILLE

Dear Parent/Guardian,

I am pleased to provide you with the following details regarding our excursion to the WA Shipwrecks Museum in Fremantle on Friday, 7th June, 2019.

This excursion 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 Wednesday, 29th May.

VENUE: WA Shipwrecks Museum, Fremantle

DATE: Friday, 7th June, 2019

TIME: 8.55am to 3pm (students will depart school at 8.55am sharp).

TRANSPORT: Train

COST: \$8

DRESS: Blue school uniform

ITEMS REQUIRED: Recess and lunch, hat, drink bottle, wet weather gear if necessary.

SUPERVISION: Rochelle Reeves, Monique Mackaiser, Lynne Drysdale, Nicole Addison, Education assistants & parent volunteers.

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.

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.

Rochelle Reeves, Monique Mackaiser,
Lynne Drysdale, Nicole Addison
Classroom teachers

Fiona Kelly
Principal

WA SHIPWRECKS MUSEUM PAYMENT METHOD
Students from Year 1 Red, Black & White, & Year 1/2 - \$8 per student

Child's name: _____ Teacher: _____

My child will be participating in the WA Shipwrecks Museum excursion for the cost of \$8.

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

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

Visa payment

Telephone 9381 1655 or call
in at the office.

Cash/ Eftpos

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).

WA SHIPWRECKS MUSEUM EXCURSION CONSENT FORM
(Year 1 Red, Black & White, & Year 1/2)

I have read and understood the information regarding WA Shipwrecks Museum in Fremantle on Friday, 7th June, 2019 and give my consent

for _____ (name) to attend.

Yes I am able to help: _____

Signature of parent/guardian _____ Date _____

RETURN TO CLASSROOM TEACHER by Wednesday, 29th May