



Dear Parent/Guardian,

I am pleased to provide you with the following details regarding our excursion to Methodist Ladies College on Tuesday, 6<sup>th</sup> August, 2019 to watch the performance of *Calamity Jane*.

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

Please retain this information and return the consent form (opposite) by Tuesday, 30<sup>th</sup> July, 2019.

VENUE: Methodist Ladies College

DATE: Tuesday, 6<sup>th</sup> August, 2019

TIME: 9.30am to 2pm

TRANSPORT: Train and walking

COST: \$2

DRESS: Blue school uniform

ITEMS Packed lunch, water bottle

REQUIRED:

SUPERVISION: Mrs Munday, class 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 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. 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.

Mrs Munday, Miss Hawgood, Mrs Swinhoe, Fiona Kelly  
Mr McInerheney & Mr Green Principal  
Classroom teacher/s:

YEAR 4 & 5 MLC CALAMITY JANE MUSICAL EXCURSION PAYMENT METHOD  
Students from Year 4 & 5- \$2 per student

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

My child will be participating in the MLC Calamity Jane excursion on Tuesday, 6<sup>th</sup> August, 2019 for the cost of \$2.

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.

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

YEAR 4 & 5 MLC CALAMITY JANE EXCURSION CONSENT FORM

I have read and understood the information regarding MLC Calamity Jane excursion on Tuesday, 6<sup>th</sup> August, 2019 and give my consent

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

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

RETURN TO CLASSROOM TEACHER BY Tuesday, 30<sup>th</sup> July.