



Dear Parent/Guardian,

I am pleased to provide you with the following details regarding our incursion with Science Alive on Thursday 26th and Friday the 27th September 2019.

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

Please retain this information and return the consent form (opposite) by Friday 13th September, 2019.

VENUE: Hall in the Heritage building

DATE: Thursday 26th or Friday 27th of September 2019

TIME: Will vary with show times

TRANSPORT: Not required

COST: \$3.50

DRESS: Regular school uniform

SUPERVISION: Class 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 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.

Classroom teachers

Fiona Kelly
Principal

SCIENCE ALIVE PAYMENT METHOD Students from PP to Year 6- \$3.50 per student

Child's name: _____ Teacher: _____

My child will be participating in the Science Alive on 26th or 27th September 2019 for the cost of \$3.50.

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).

SCIENCE ALIVE EXCURSION CONSENT FORM – PP to Year 6

I have read and understood the information regarding the Science Alive on Thursday 26th and Friday the 27th September 2019, and give my consent for _____
(name) to attend.

Signature of parent/guardian _____ Date _____

RETURN TO CLASSROOM TEACHER BY Friday 13th September, 2019.